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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. 1.— *Scraps of American Medical Literature.* By THE EDITOR.

We have no inclination to attempt a survey, at the present time, of our medical literature. In the estimation of some, we have nothing worthy of the name among us, except what is of foreign origin. Others think differently, and suggest the propriety of having their views impressed upon the attention of the public, as a measure of professional respect, and self protection. Were the views of the former correct, were it true that we have, as a nation, flourished in every thing except medical literature, and that we owe all of what we are to the literary labors of foreigners, it would be a very humilating subject of contemplation. Our national existence, it is true, is but of a moment's duration, compared with that of many in the eastern world, and it could not be expected that we should have, as yet, the circumstances, or the individuals, necessary to the construction of a medical literature, as perfect and as extensive as might be desired. Still, we have something of the kind among us, and perhaps, if it were, rude as it is supposed to be, examined into a little, the result might be to lull the croakings on the one hand of those whose enjoyment consists in taking hold of things by the rough handle, and encourage those on the other, who are possessed of the worthy desire to make the facts out fairly.

Perhaps, but few would think, on the spur of the occasion, of a better definition of Medical Literature, than that, *it is the knowledge imparted through medical books;* that it is the channel through which every thing connected with our profession passes from mind

to mind; that it is the medium through which the pearls which have so long lain on the bottom of the intellectual ocean find their way to the surface. Through it we look back over the profession to the Adam of our science, and from him down to the Moseses and Solomons who have made their marks and disappeared from the theatre of human effort. What, had it not been for our medical literature, would we have known of the mythological existence of Chiron, who is the reputed preceptor of Æsculapius, Hercules, Bacchus and Achilles, and who performed the first surgical operation? or of Hippocrates, the father of rational medicine and surgery? or of Aristotle, who named the aorta, and showed that the blood vessels centered in the heart? or of Erasistratis, who invented so many surgical instruments? or of Xenophon, who was the *first* to control hemorrhage with a tourniquet? or of Celsus, the contemporary of Horace, Virgil and Ovid, and who was the *first* to describe lithotomy, and who gave to the world his eight books, "*De Medicina*"? or of Galen and the seven hundred and fifty essays which he wrote on medical subjects, and in defence of the doctrines of Hippocrates? or of Aretæus, who *first* employed *blisters?* or of Paracelsus, who, although a genius, and a man of uncommon energy and ability, was perhaps, the father of most of the opposition that beset at an early period regular systematic medicine? or of Van Helmont, and his fancied "archæus"? or of Riverius, who illustrated in his *Seventeen Several books* the state of medical ignorance in France during the seventeenth century? or of Boerhaave, whose reputation was as wide as the continent upon which he lived? or of Sydenham, who redeemed the science in his day, from much of the ignorance and superstition that surrounded it? or of Sanctorious, who weighed himself and every thing he ate and drank for a period of thirty years, in order to get data for estimating the quantity of the excretions? To this list we might add one fully as long, of more modern origin, and without being invidious, include in it such men as have figured during the present century in England, France, Italy, Austria, Russia, Prussia, the United States, etc.; and still ask, what would we know of these men and their contributions to science, were it not for our *medical literature*— our book knowledge of persons and things medical.

On turning our attention to things immediately around us, we are impressed, of course, not with the extent or elaborateness of what we have in the way of literature, that may be regarded as strictly

our own; but we are with its character, taking into consideration the length of time in which we have been engaged in building it up, and the many disadvantages that have surrounded us. Settled in the general by people, pennyless and homeless, our country has been the theatre of efforts principally directed to the acquirement of things more immediately connected with the necessities of life. This is true not only of most that make up the catalogue of human pursuits, but it is also true of things medical and literary. All the disadvantages incident to the felling of an almost impervious forest, the extermination of a race, (who were only conquered by extinction,) and the engagement in a colonial war of some ten years' duration, have surrounded us, and taken up most of the time of our brief national existence. It might not be uninteresting in this connection, to notice a few points connected with the origin and progress of our profession in this country.

The *first* physician we have any record of as being engaged in the practice of his profession in America, was Dr. Walter Russel. He came from England in 1608, and settled in the Colony of Virginia. Dr. Russel appears to have been the only representative of the medical profession in the "New World," for the period of the first twelve years. In 1820, Dr. Samuel Fuller, a deacon in the church of the Rev. John Robertson, arrived at Plymouth, in the first ship with the Puritans. Dr. Thomas Thatcher came over from England in 1635, and has the credit of having published the *first* American medical work. It was entitled, "*A brief guide in the small pox and measels.*" In 1682, we have the *first* effort at the practice of physic in Philadelphia, by two Welsh physicians, Dr. Thomas Wynn and brother; and in 1700, the *first* in New York City, by Dr. John Nicholl, a graduate in Edinburgh. The *first* medical author of Boston, was Dr. Benjamin Colman, a clergyman, who wrote a pamphlet defending *Inoculation.*

The *first dissection* recorded in the United States, was that of Drs. John Baird and Peter Middleton, who dissected a criminal for the instruction of students.

The *first* systematic practitioner of midwifery, was Dr. James Lloyd, who studied under John Hunter, and on coming to this country settled in Boston.

Dr. Wm. Shippen, of Philadelphia, has the honor of being the *first* Professor, and in connection with Dr. John Morgan, gave the *first* course of lectures, which I believe is regarded as the foundation of what is now so well known as the *Pennsylvania University.*

Dr. Nathan Smith was the *first* and perhaps the *only* individual who ever undertook to fill all the chairs in a Medical College, a labor which he performed for twelve years, at Dartmouth College.

Such seem to have been some of our beginnings, and from these, we have proceeded along, in our own way, to what we are at present.

Our efforts at book-making, have never at any time been great. The first writer who undertook to say anything about the climate of the new world was Dr. Colden, of New York city, who wrote an account of the climate of the city, in 1720, recommending it as a suitable place for invalids predisposed to phthisis pulmonalis. In 1725, Dr. Boylston was handsomely received at the Royal Society of London, for having published "An Historical account of Small Pox Inoculation in New England." Dr. Nathan Williams, in 1730, wrote on the practice in small pox, and in 1732, Dr. Walton published an Essay on Fever, which, perhaps, was the *first* effort in the western world to untie a knot, that up to the present time has resisted all effort. The same year, Dr. John Tenant, published an account of *Polygala Senega.* In 1743, Dr. John Mitchell, of Virginia, published "Letters on the causes of different colors of people in different climates," and in the same year, Dr. Clayton published the "*Flora Virginiana*" which was republished in Leyden, by Gronovius, in 1762. Dr. John Jones, in 1776, published a volume on wounds and fractures, which was of much service to the army surgeons during the revolution. Such are some of our first efforts at book-making.

We now approach a period of our history, when every thing of a literary character was necessarily suspended in the struggle for human rights, and the desire to become an independent nation. As soon, however, as this trouble subsided, we see the energy and industry of some who had been very conspicuous in the civil and military movements of the revolution, now directed, among other things, to building up something in the way of medical literature. Among those to whom we allude, perhaps none was more conspicuous than Dr. Benjamin Rush. Diversified as were the things which occupied his strong and vigorous mind, and exciting as were the times in which he figured, he nevertheless found no little time to write on the subjects connected with medicine and the collateral sciences. Indeed, his works embrace a wider range than do those of any other American author, for he was not content with medicine proper, or the sciences collateral to it, but he was, perhaps, the most eminent

Theorist, that we have had among us. In his day, his writings exercised a great influence and did much toward giving character to the medical profession the United States. At home and abroad, indeed, his services were appreciated, and the voice of the profession every where, was heard in his praise.

As a writer, Dr. Rush was surrounded with many difficulties. Every thing, in his day, lay scattered around in a state of chaos. No naturalist had been in the country to take things by the horns and lay them straight. Almost every thing pertaining to the natural history of the country, its climate, its endemic and epidemic diseases, had to be encountered, as it were, for the first time, and an attempt made at their description. Upon such subjects, and others of a kindred character, he wrote in the neighborhood of fifty essays. Some of these were of a character called forth by the times, as for example the one entitled "An account of the Influence of Military and Political Events of the American Revolution upon the Human Body;" also, "An Inquiry into the Natural History of Medicine among the Indians of North America, and a comparative view of their Diseases and Remedies, with those of civilized nations." Another one of a character with the times, was entitled, "Observations on the Duties of Physicians, and the Methods of Improving Medicines, accommodated to the Present State of Society and Manners in the United States." Besides such subjects, Dr. Rush wrote an Etiology, somewhat systematically, although he was without the statistics necessary to correct conclusions. Among his efforts of this character, his "Account of the Climate of Pennsylvania and its Influence upon the Human Body," may be noticed; also, "An inquiry into the Influence of Physical Causes upon the Moral Faculty." To such papers, quite a number may be added upon the epidemics of the times, among which small pox and yellow fever were elaborately considered. We may notice further his "Volume of Lectures on the Institutes and Practice of Medicine," and, also, "Medical Inquiries and Observations on Diseases of the Mind."

In these allusions to the literary labors of Dr. Rush we have not attempted an enumeration of the various papers which emanated from his pen. He was, without doubt, one of our most voluminous, and in his day, philosophical writers. Unlike what now obtains, his labors were not concentrated on any one subject, exhausting thereon all the energies of his mind. The times, as we have seen, admitted of no such course. Intellectual labor was too scarce, and the subjects which needed elucidation, too numerous and pressing to be passed over without some notice.

Considered in some respects, Dr. Rush may be regarded as the archetype of American physicians, and of American Medical Literature. The boldness of his views, their latitude, the energy and vigor of his practice, so impressed the profession of his day, that the outlines of these traits are still visible in our medical character. We do not, however, mean to say that as a profession, we are adherents to the distinguished pioneer, or that we agree with him in half the views he so enthusiastically and eloquently maintained. Certainly not. His speculations, for example, upon "debility" as the cause of all diseases, on "life" as being a "forced state," together with many other such doctrines, have not even the merit of being abstract truths or ingenious philosophy. They are a heterogeneous, ill-adjusted assemblage of assertions, as unintelligible as can well be imagined, injurious to him in his own researches, and to every one with whom they have had any currency.

It is not, therefore, in such things, that there is any similarity between Dr. Rush and physicians of the present day. We regard his theorizing as unnecessary and unprofitable. But it is in his zeal, his industry, his efforts to lay hold of and investigate all things that surrounded him, and make the most of them, that the resemblance is most striking.

In dismissing this brief notice of Dr. Rush, we can but allude to the high position he occupied for the many good qualities of his head and heart. Noble and generous in all his intercourse, he was a benefactor, a philanthropist, and a favorite with all who had the pleasure of his acquaintance; and, perhaps, our profession has seldom, if ever, displayed more heartfelt sorrow than at his death; which, as all know, took place in April, 1813, in the 68th year of his age. His mind was truly American. Cast in the largest possible mold, it was adapted to the broad theatre in which it was designed to move; and it moved with the majesty of the Mississippi, and encountered the difficulties it met, with the force of a Niagara current. When, indeed, he concentrated its mighty energies upon the various and difficult subjects that surrounded the profession in his day, many of which, as has been stated, were new, not only to him, but to the world, the result had in it the *vitality of an American effort.*

Cotemporary with Dr. Rush, and for some considerable time associated with him in teaching, and as a consequence, in the effort to build up something in the way of medical literature, were a number

of other gentlemen that have filled a large space in the public eye. Into any thing like an elaborate notice of the labors of these, it is not our purpose to enter. We cannot omit to observe the fact that, instead of writing, as did Dr. Rush, on general subjects, their attention was confined more to particular departments, the sciences, which together make up the Medical Science.

Among those to whom we allude, is Wistar. He succeeded Dr. Shippen in the chair of Anatomy in the University of Pennsylvania. Having lectured on Chemistry and Physiology for several years in the College of Philadelphia, and for a time previous to the death of Dr. Shippen, served as adjunct Professor of Anatomy, he entered upon his duties with good qualifications, and a fine prospect of future usefulness. Seeing the necessity of having a work on Descriptive Anatomy, suited to the exigencies of the times, he was not long in undertaking the task of furnishing one. In truth, he had his lectures so well digested and arranged, that in 1812, they appeared under the title of "*A System of Anatomy,*" (2 vols.) This work, the first of its kind in the United States, embraced also, an abstract of what was then known on Physiology. Considered as a literary production, it took a high rank, and as a text book soon displaced others upon the same branch. It has stood the test for accuracy and usefulness, longer than any other, of any kind, which has emanated from the American press. Its fifth edition was edited by the late Dr. Horner, Professor of Anatomy in the University of Pennsylvania, with notes and additions; and the *ninth* is now before the public, entirely remodeled, and illustrated by more than two hundred engravings, by Pancoast, Professor of Anatomy in Jefferson Medical College. In the department of special Anatomy, the work has undergone little or no change, nor has it needed any, since it emanated from the hands of its illustrious author. In the microscopical and chemical branches, and also in physiology, it has been, by its late editor, brought somewhat up to the times, and may now be regarded as being among the most available before the profession. Besides his System of Anatomy, Wistar was the author of some papers, learned and well calculated to give him reputation. Among these were his "Memoirs of the Ethmoid Bone," and the "Remains of an Animal of the Bos Species," also "Remarks on the Fever of 1793."

Of the age of which we have been speaking, Dr. William P. Dewees, who was Professor of Obstetrics in the University of Pennsylvania, was also an author. Few men wrote more, or on a greater

variety of subjects. Among his first efforts was his "System of Midwifery;" after which he wrote a volume on the "Diseases of Females," and one on the "Diseases of Children," and quite a considerable one on "Practical Medicine." His first three works passed through a number of editions, one of them *ten*, each of the other two *seven*, and were very popular. His Practice of Physic fell still-born from the press. As a writer, Dewees has been severely criticised. It cannot be denied that there is much in his style that is inelegant, verbose; and that his works abound in dogmatisms, and are almost destitute of pathological details. He led off in his favorite department, obstetrics, in Philadelphia, and perhaps practiced more in that line than any one individual has ever done in America. He was, in truth, *the* obstetrician personally of Philadelphia, and by his writings, of the continent upon which he lived. This circumstance made him bold, confident and authoritative, qualities that have been ignorantly condemned without regard to the circumstances under which he wrote. To our mind, Dewees was the man in his department for his day, and we doubt very much whether Denman with all his system, or any of our moderns, with all their advantages, have done more for midwifery.

From the position we occupy, it is an easy matter to look back upon authors who wrote only a few years since, and find fault with their matter and manner. We are a *fast* people, and many of our books that have only been written a few years, require now to be entirely remodeled or pass to the dominion of the "things that were." How many of those now in use will be on the literary carpet at our next edition of progress? Such things should be taken into consideration, in pronouncing upon the works of the past.

The greatest blemish in the works of Dewees is their deficiency in pathological details, or rather in *morbid anatomy*. Now, when it is recollected that this is a branch of science of comparatively recent origin, there should be no surprise in not finding it invoked to any very great extent by any of our authors in the first quarter of the present century. It is very problematical whether the author before us is more obnoxious to censure in this respect, than others of his day, certainly not more so than a number of them.

Another writer of the times of which we have been speaking, is Dr. N. Chapman, so long before the public as Professor of the Institutes and Practice of Medicine in the Pennsylvania University. The first and most voluminous of his works, as all know, is entitled,

"Elements of Therapeutics and Materia Medica." This work (2 vols.) passed through some four or five editions, and then was neglected by its author, and became superseded by the labors of other men upon the same subject. Dr. Chapman wrote a volume of 384 pages, on "Thoracic and Abdominal Viscera;" and one also of 450 pages, on "Fevers, Dropsy, Gout," etc. As a writer, Chapman has had, in some respects, few equals in our country. While his style must be regarded as being exceedingly florid, his sentences are nevertheless always marked with clearness, strength, and harmony. The matter with which his works are filled, although in some respects adapted to the times, was not marked by that progressive spirit with which he was surrounded during the latter part of his life, and which is the characteristic of our times. Really, Dr. Chapman, notwithstanding his early industry, seemed, after he passed the meridian of life, to stand still while the age shot by him. On some of the later improvements in medical science, he looked with perfect indifference. Although he wrote on Thoracic Diseases, he paid but little attention to Physical Diagnosis; and it is said he was in the habit of speaking lightly of it on the score of availibility. All things however considered, Chapman, together with Thatcher, who preceded him, did much to pave the way to a knowledge of indigenous remedies. His "Elements of Therapeutics and Materia Medica" contains much valuable information, and had new editions appeared at the proper times, it would have been the work on that subject for the country. The style in which the author's views are expressed, for example, on the *modus operandi* of medicines, and the familiarity exhibited with every phase of "Solidism" and "Humoralism," show what he could have done if he had made the effort.

Although it was our intention to allude to but a mere sample of the labors of those who contributed, in an early period, to the formation of our literature, we cannot omit, in connection with what we have said, to notice briefly the writings of Dr. Eberle. He was the author, as all know, at a comparatively early day, of a number of works. Among these are his "Practice of Physic," "Materia Medica and Therapeutics," "Diseases and Physical Education of Children," and "Notes for Students." All of these works have passed through a number of editions, and although written sometime since, new editions are still called for. The German was Dr. Eberle's mother tongue, and he cultivated the medical literature of

that country more than any other American physician. His habits were those of laborious bibliothecal research; and, as a consequence, when his works were written, they were enriched with fullness of detail. Every author, from Hippocrates down, he eviscerated, for the purpose of obtaining whatever he regarded as being necessary to his purpose.

A characteristic of the writings of Eberle is an absence of *Ultraism*. In his two most meritorious works, "Practice of Physic," and "Materia Medica," both written at a time when there was much controversy in regard to the *modus operandi* of medicines and other questions of a similar character, he displays the traits of a well balanced philosopher, carefully considering the "*pro et con*" of every question encountered. The same is true of his views in regard to the pathology and treatment of disease. He has never, indeed, been known to go off at a tangent on any subject. We are aware that his writings, on account of their conservative modest character, have been criticised, have been regarded as not exerting the best kind of influence. It would be well, however, for those who have made these objections, to survey the former fields of theory and dogmatism, and see what there is left of them that is acceptable to any of us at the present time. Dr. Eberle's greatest strength, in our judgment, is displayed in his modesty and reserve with reference to questions admitting of diversity of opinion, and which, from their very nature, are incapable of being resolved. He died at his residence in Lexington, Ky., at the age of 49, having been the most voluminous medical author of his age in America.

We might continue our notice of American authors much further, and say something of Physic, Cox, Caldwell, Dorsey, Nathan, Smith, Cooke, Oliver, Griffith, Horner, Beck, Forrey, Drake, and others, who have passed from among us, and when we were through with those, we might turn to those among the living who have been, and who are now engaged in the preparation of professional pabulum; but we are admonished that volumes would be required for such a task.

Our design, however, in the commencement was to pay some little attention to the contributions of the late Dr. Drake, but we find that we have already occupied more space than at first designed, and shall therefore be brief.

To the great Mississippi valley Dr. Drake sustained a very intimate relation. Educated entirely here, being among the first of its

population, witnessing all the various and unparalleled changes through which it has passed for the last half century, there seemed to be a propriety in his being identified with its literature.

All are now familiar with the character of the inhabitants who first settled the "Western Country." For such an enterprise, Nature had to make her greatest and most liberal effort in the way of compounding together the materials of soul and body. Dwarfs or pigmies, or even ordinarily constituted specimens of humanity would have been of but little service in directing the star of empire westward. The occasion required men great, intellectually, morally, and physically. A new world was to be depopulated and repopulated. Nature, to use a figure, naturalized, and law, order, civilization established, and made to grow with the growth, and strengthen with the strength of the people.

Fitted for just such a field was Dr. Drake. In the parcelling out of matter and mind he was very liberally dealt with in the outset, and circumstances, and his own industrious habits, did the rest. He possessed not a classical education. Raised up at a period when colleges were scarce, and inconveniently situated, he had not the opportunity of taking a regular course in elementary instruction. But he was, nevertheless, a well educated man—educated into a knowledge, intimate, and comprehensive, of the circumstances, persons, and things that surrounded him. His knowledge was not confined to any one department, to which he seemed to have a kind of natural proclivity, but extended more or less to every thing.

With the old and enlightened nations there seems to be little versatility of talent among their distinguished men. Generation after generation follows in the footsteps of its predecessor. Labor, business, science is divided and cut up to accommodate the desires and tastes of the people who often follow some particular branch throughout life without scarcely knowing that there is any thing else going on in the world around them. Great results are supposed to be attained in this way, and the individuals who are connected with them get a world-wide reputation for wisdom, talent, genius, &c. They may be wise, talented, etc., with reference to the particular branches cultivated, as is Louis in Pathological Anatomy, and as was Berzelius in Chemistry, and Physic in Surgery, while upon other things their knowledge may be very limited. This kind of mono-wisdom, if we may be permitted the use of such a term, has been very much over-estimated. Possessed of it, men are frequently reckoned as be-

ing a head and shoulders above their fellows, whose knowledge is more general, when, in reality, if the stock or amount of each was measured, there might be no difference at all. The branches of science of which the medical is made up, have a kind of co-relation to each other. An individual is less strong, efficient, and available, or, if it is preferred, has less sense, that is of use to himself and others, who has concentrated all his energies on any one of them, than the one who has the same amount of knowledge, though made up of a portion of all the different kinds that surround him. The one will be practical, the other, most likely, not; the movements of the one will be the result of a comprehensive survey of the whole ground; the movements of the other the result of reasonings founded on a limited sphere of operations.

We are aware that the general opinion is, that *versatility* and *profundity* are incompatible—that the individual whose knowledge extends to a great many different things is not apt to be posted up on any. We see no reason why this should be the case. The habits of observation brought into requisition and cultivation, for general purposes, cannot but be available when directed in a particular channel. Observation is the same whether exerted upon matter in mass, such as makes up a continent, or upon an atom of one of the chemical elements; upon an elephant, or upon one of his blood globules. John Hunter was none the less profound in surgery, because his knowledge extended to every department of medical science; or Wistar any the less of an anatomist because he was a chemist and an eminent practitioner of medicine; or Franklin any less of a philosopher, because he was a great statesman, or because he was the author of some of the best aphorisms on domestic economy that has ever appeared, or finally, because a was a practical printer. On the contrary, is not the individual whose knowledge extends to a variety of subjects, who has, like Franklin, for example, embraced the occasion to make himself acquainted with every thing, however common-place or insignificant, really better qualified than any other to investigate a speciality and appreciate its relations to other things, and especially to utility?

These views we design to preface our further notice of Dr. Drake as an author. As previously remarked, he came not to the performance of his labors clothed with the accomplishments of a classical education in the usual sense in which that term is understood, but with a finished education so far as a knowledge of all the things

necessary to his purposes was concerned. These he had studied with great industry and care for a long peried. For a period of more than twenty years he conducted the "Western Journal of Medicine," a business which afforded him a fine opportunity to cultivate the habit of composition, and learn the art of distinguishing between *true* and *false* facts.

The object of the work upon which he spent the last thirty years of his life, was to do what he could to illustrate the diseases of the great region in which he lived from infancy to old age, and which he styled the "Interior Valley of North America."

In attempting the accomplishment of a work so vast in design, he found himself surrounded with difficulties at every step. It would have been very convenient for him to have set down in his office, and, as some others have done, occupy the leisure hours that could be stolen from the duties of practice, in making a compilation to serve as the basis of his work. This he did not choose to do. He saw in this broad valley much in regard to its diseases, but imperfectly set forth in the works in common use on practical medicine, most of which have been written under circumstances very different from what obtains here, and by individuals, some of whom scarcely knew, from personal observation, of the existence of some of our most prevalent types of disease. Again, in attempting to set forth something tangible in the department of Etiology, he might have found it very convenient, as others have done, to refer to Cold, East Winds, Humidity of the Atmosphere, Vicissitudes of Temperature, Idio-misasmata, Koino-miasmata, and other agents of a similar character, and having a kind of stereotyped reputation in the causation of disease. Instead, however, of doing this, he adopted a plan which, whether or not fully successful in his hands, must commend itself to every one as being philosophical; and, if patiently and carefully invoked by those whose tastes direct them in investigations of the kind, will be productive of no ordinary results.

This plan consisted in making his work, as far as possible, the result of personal observation. He travelled extensively over the region, through, indeed, some eighteen degrees of latitude, and nearly as many of longitude, observing all that he could himself, and collecting from resident physicians and scientific gentlemen, every thing that he thought had a bearing upon his purpose. The facts collected related to the Geography of the region, its Geology, Hydrology, Botany, Topography, Meteorology, in short, to every thing pertain-

ing to the soil and climate. Besides, he every where noticed the habits of the people, the different *Varieties*, (Caucasian, Indian, and African,) and how each are affected by juxtaposition, the types and forms of disease most prevalent with each race in the different seasons of the year, etc. Digested and classified, the facts derived from these different sources, are made to serve as the basis of his work.

How far Dr. Drake has been successful in his attempt to elucidate our diseases, or rather the attempt to indicate the method by which this may be accomplished, is a question upon which, like many others, each one claims the right of judging for himself. Among those who have claimed this right at home and abroad, there is great unanimity of opinion expressed. Our journals, as far as we have noticed, with but a single exception, have spoken of the work in terms of the highest praise. Foreign reviews have pretty uniformly spoken in the same strain.

The single exception to which we alluded is the Kentucky Medical Recorder, one of our exchanges. In the leading article of the April No., which purports to be a review of Gross "On the Results of Surgical Operations in Malignant Diseases," the author* not only takes occasion to differ with Gross, and attempt a ridicule of his positions, but he also embraces the occasion to bear his testimony generally in favor of European authority, and against American.

"Our Medical Literature," he remarks, "is not, taking it altogether, so precious and immaculate an offering as to challenge the indiscriminate devotion of American physicians. Indeed, there are some very shabby specimens of authorship among it, which cannot become substitutes for kindred works from abroad, without an infinite deal of adroit puffing, and pretty sharp scolding into the bargain, if the present experiment in that method of securing patronage shall prove effective."

"It would be an admirable instance of discrimination, to be sure, to prefer the opinions of a babbling historiographer of disease, who had spent the most of his life in running about the country collecting its medical gossipry, to those of such mature, assiduous, and philosophical practitioners as Holland, and Macartney, and Watson."

The phrase "babbling historiographer" is designed, as we understand it, to apply to Dr. Drake. He was in the habit of making numerous visits through the country, for the purpose of describing

* The author has not thought proper to attach his name to his article. Well enough.

Topographical and Climatic peculiarities, and conversing with physicians in regard to its diseases. But we confess that, "babbling historiographer" is a queer kind of term to apply to a method of medical investigation, which Hippocrates occasionally adopted, as well as many of our most distinguished men from him to Marshal Hall, who has just left our country with a budget of information collected in a similar way. We had all along supposed that such a course was proper until the suggestions to the contrary met our eye. If the author of the criticism would have the medical information of a country, such as we have been speaking about, collected together at all for the purpose of benefitting humanity, there are other reputed methods of doing it, that perhaps would suit him better. One of these is to wait for it to come by intuition; another one is to go into a closet and put the imagination to work to manufacture it; or if either of these do not suit, perhaps going into the clairvoyant state, by which it is said observations can be made over all the world in the lapse of an hour or two, may accomplish the result. Either of these modes are about as reasonable as the critic's objections to the plan pursued by Dr. Drake. Badinage aside, we have never noticed in our brief career a more uncalled for or unjust assault upon any writer than is exhibited in the instance before us. No doubt the author of it is one of those who possess the faculty of treasuring up and aggregating together small particles of enmity, wrath, jealousy, all of which have, perhaps, by some careless or unintentional movement of Dr. Drake, in former times, been thrown into a state of effervesence in the critic's little organism, and hence he now embraces the opportunity to let off his *plus* of carbonic acid gas.

The author of the article in the Recorder suggests that the soft place in a medical man's pate would never be more prominent than when he would be found preferring the writings of Drake to those of Watson, Macartney, and Holland. We confess no great familiarity with the labors of these individuals. Of the three, the writings of Watson on Practical Medicine are most familiar to the medical public on this side of the Atlantic, and perhaps he is a fair sample of the excellence to which the writer in the Recorder alludes. Now, for Watson we confess a great respect. His book, which is used in this country as a System of Practice, is, however, nothing more than a "Course of Lectures," prepared for the students at King's College, London. With the exception that it expresses what should enter into a course of Lectures in very quaint and agreeable style, it has nothing about it that is remarkable, or that differs from other compi-

lations of its day. Bating a very few things, which attach more to the progress of science than to an author, the work is inferior to that of Eberle on the same subject. Indeed, it is less accurate, less full in details, for its day, than was that of Eberle, for the period in which he wrote. Besides, its confident, authoritative manner contrasts strongly with the modesty and caution of Eberle.

Between such works, therefore, as Watson and Drake, there are no points of comparison. The former is a text-book, designed for students and those just commencing the practice of medicine, and, to its purpose is very well adapted; the latter is an original philosophical work that enters into an elaborate and learned consideration of every agent that would be likely, in one of the broadest valleys of the world, to assume the form of a cause of disease. To the department, indeed, of Etiology, the first volume, the only one yet before the public, is almost entirely given up; but a few pages in the latter part are devoted to a consideration of diseases, and these only such as are most intimately connected with the region. As a consequence, it appears to us that the scope of this work has not been comprehended by the critic in the Recorder. It never was designed by its author to take the place of such works as those to which he has thought proper to compare it; and, in our estimation, an individual could not have given a greater evidence of his lack of capacity and want of cultivation, than to suppose that such was the case. The mistake could not have been greater, had the critic confounded the objects of getting up a philosophical treatise on the structure of language, with one designed to learn children to spell and read.

In conclusion, we say that all who desire to post themselves up on the relation of our diseases to the soil, climate, habits of living, etc., in this broad valley—the "Interior of North America,"—and who desire also to lay the foundation of correct habits of observation, should possess themselves of Dr. Drake's work. No individual with any sense will give the work a careful perusal without, not only deciding in its favor, but like Stille in his Report of 1850, on Medical Literature to the American Medical Association, and the editor of the British and Foreign Medico-Chirurgical Review, awarding to it the highest rank in medical literature. In the language of the latter, "*The work is one that would do honor to any country.*"

ART. II.—*Rupture of the Uterus at the fifth month of Utero-Gestation.*—By A. METZ, M. D., Rome, O.

On the 14th day of June, 1854, I was requested to meet Dr. Caples of Rome, in consultation, at the residence of Mr. Rossetter, where I arrived in a few minutes after, and found Mrs. R. lying on her back on the bed, with hurried respiration; pale; in free perspiration; the surface quite cold, and the pulse almost imperceptible. She complained of an intense pain in her left iliac region.

The following history we obtained from the patient partly, and from her husband:

Mrs. R. aged 20 years, had been married eight months, and for five months she had believed herself enciente. For several months previous to the above date she had had several attacks of pain and heaviness in her back and iliac regions, as is common to women laboring under uterine congestion, or irritation. Those symptoms, however, were not so severe as to compel her to take her bed, nor send for her physician. On the afternoons of the 12th and 13th days of June, she experienced some pain in the left iliac region, to which, however, she did not pay much attention. On the 14th, she enjoyed her usual health, and made a call on one of her neighbors, from whence she returned at 5 o'clock, P. M., and soon after she stepped into her own door, in walking across the floor, she suddenly felt an acute and "sickening" pain in her left iliac region. She sunk into a chair, perfectly helpless, where she was found a few minutes afterwards by a neighboring lady, and placed in bed, and in a few minutes afterwards Dr. Caples saw her, and in less than a half hour after the attack, I found her in the above condition.

Before my arrival Dr. Caples had given her a dose of morphine and placed a sinapism over the painful region.

By the vaginal examination the os uteri was found not any dilated, and the neck in a condition common to that stage of pregnancy. On feeling through the walls of the abdomen, nothing abnormal could be detected, but the pressure caused great pain and faintness.

The *emergent* occasion called for a speedy diagnostic conclusion,—and that conclusion was, that she had been laboring under extra-uterine pregnancy, and that the ovum had become detached, and the shock on the system from such detachment, with the consequent hemorrhage, was speedily causing her death. *Gastrotomy* was deemed out of the question, as the patient was not in a condition to live through the operation.

To support her as long as possible, morphine, brandy and ether, were administered. In an hour she said: "The pain is much better, but I feel *so* sick!" She continued to sink; the breathing became more hurried, and the pulse made its last flickering effort about four hours after the commencement of the attack.

Post Mortem—Twelve hours after death, an incision was made through the *linea alba*, and as soon as the peritoneum was divided, a considerable quantity of blood escaped. The first object that presented itself was the bag of membranes *not enveloped* by the uterus, and containing rather a large quantity of amniotic fluid, and the fœtus. I could not find the uterus until after I had ruptured the membranes and removed the fluid and fœtus, when by making traction on the cord, it was brought up into view, about one-fourth the size of the bag of membranes, and somewhat firmly contracted on the *placenta* which it contained. There was a rupture extending from the fundus to the left Fallopian tube, through which the fœtus with its enveloping membranes, had passed.

The uterus was considerably atrophied, and any part of it could be torn with facility, between the fingers. The peritoneal covering of the uterus was not involved in the softening process, and possessed more tenacity than the uterus itself. All other parts within the pelvis appeared healthy.

Mrs. R. ever had been of a chlorotic appearance, and somewhat emaciated. Her parents both are of feeble constitution, and she was true to nature in copying after them.

It is my opinion that the ramollisement was caused by general enervation and anemia; or, in other words, the supply of nervous stimulus and of healthy blood was insufficient to supply the extra demands of the uterus during gestation,—thus starving the uterus until its healthy structure gave way. It would have been interesting to examine the arteries leading to the uterus, and also the condition of the heart and other organs, but this the circumstances did not permit.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

Art. I.—*On Cholera.*—By Dr. Milroy.

The reappearance of this formidable pest has revived many of the old fears respecting it, but these are not quite so well grounded as many alarmists would have them to be. All knowledge in the matter is not mere empiricism. There is indubitable evidence that cholera originates in the same hot-bed with typhus. There is much evidence that the two diseases are members of the same great class of fevers;—and Dr. Cormack only adds fresh proof to this conviction, by the view which he has recently advocated, that "cholera is a fever, intimately related to those fevers which depend on malaria."

Not much new light has been shed upon the immediate cause of cholera. The only novel suggestion is that of Dr. Snow,—that the disease is propagated by germs contained in the cholera evacuations, which germs are distributed through the air and in the water which is used for household purposes, in consequence of the want of proper attention to cleanliness. The swarms of flies which have been noticed at Newcastle during the present epidemic, and which were noticed in the epidemic of 1832 at Montreal, by Dr. Moore, and about the same time in a village near Edinburgh, by Dr. Knox, may possibly have something to do with the matter. They seem, at least, to mark one phase of that blight in vegetation and murrain among cattle, which has preceded the cholera scourge, and which still attends upon it. The fact is curious under any circumstances. The account of the swarms at Newcastle is by an anonymous writer to *The Lancet*, who states that he is not a member of the medical profession. The cholera was at its height at the time referred to,—September 21, 1853. The writer proceeds:—

The air in certain parts of the town is literally filled with a small fly with large wings, slightly tinged with green. I especially instance a space extending from the top of Northumberland Street, in this town, to the town moor, and even across the moor. The num-

bers of this fly, were, I found, greater over a sort of open drain at the end of the moor, which is crossed by the road more than half a mile from the town, there being merely a dwarf parapet to prevent any one falling in. In fact, this fly appeared to me to be spread generally over the district, and where the town commences, there the insects are more confined in space, and crowded in a dense cloud, and therefore more apparent.

I am not at all an alarmist, but I never in all my life saw anything like the quantity of this fly which I saw this afternoon when I went out for a walk before dinner. It was not a mere cluster of little clouds which could each be encircled in a hat, but a dense column, extending in space beyond the power of vision to discover where it commenced and where it ended. I palpably walked into it and out of it, as I have done in and out of a London fog. I shall never forget it. What is to be expected from the death and decomposition of this mass of insect matter?

The clearer notions about the local origin of cholera, and of the intimate relations subsisting between the disease and the various forms of fever, has resulted in clearer notions upon the subject of *prevention*. These have shown sufficiently that it is in ventilation, in drainage, in personal cleanliness, and in other measures of the same kind, and not in quarantine, that any rational hopes of safety must rest. Dr. Gavin Milroy,* however, has collected some additional facts in proof of the futility of quarantine. He writes:

The whole history of this formidable pestilence is so interesting and instructive on all points of epidemiological inquiry, that it must ever occupy a very prominent place in every attempt to ascertain the laws which influence the development and diffusion of wide-spreading diseases. No epidemic, moreover, has been so minutely and extensively observed, and of none have we such varied and thoroughly trustworthy records. We can trace its career almost step by step, and with something of the connected sequence of an historic narative, from the time when it first — after having been for ages, for all that we know to the contrary, limited to one district of Asia, viz: Hindostan — began to assume the character of a great migratory pestilence, and go forth, at the bidding of Almighty Power, upon its mission of warning and judgment, to the ends of the earth. Its course and progress can be followed on the map as we follow the track of any of those hordes of the human race which, breaking loose from their place of long abode in some remote corner

*Association Medical Journal, July 22, 1853.

of the East, spread themselves of old over the face of the European continent. We can mark the advances of the invading foe from country to country; we can tell how long it was on its successive marches; the dates of its arrival in different parts, the rapidity of its movements, the length of its stay, the places which it ravaged, and the very districts in each place upon which its chief fury fell. We know the means that were taken in every country that was invaded, to avert the stroke, to keep the enemy out, or to resist its progress and mitigate its ravages; and we know, too, the amount of success or benefit which attended the efforts that were made. We know that the Russian government, in 1831, having tried quarantine and other like measures, to protect different parts of its dominions, speedily found their utter inefficacy, and abandoned all attempts of the sort; that the Austrian Emperor formally declared that his government "had committed an error in adopting the vexatious and worse than useless quarantine and cordon regulations against cholera," frankly admitting that it did so before the nature of the disease was rightly understood; that Prussia, too, having in vain tried the same expedients, was forced to give them up; that in our own country measures of the most extraordinary stringency to prevent the introduction, and to arrest the spread of the pestilence, were at first recommended and attempted to be carried out, and that they proved so utterly valueless that they were promptly discontinued, and the government of the day intimated, in the speech delivered from the throne, more than incredulity as to their use and expediency; that the French Academy of Medicine formally declared their opinion to the same effect; and that transatlantic experience, both in the United States and Canada, in 1832, testified to a similar result. We know that, in the following year, the disease found its way into different ports of Spain, notwithstanding a rigorous quarantine; that, in 1834, it eluded the vigilance of the health officers at Gibraltar, as yellow fever had done in former years; also at Stockholm and other ports in Sweden, whose former immunity had been attributed to the stringent precautions of defense which had been taken; that, two years subsequently, Genoa, with its well-appointed lazaretto and numerous quarantine staff, failed in its attempt at exclusion: and that Naples and Rome were equally forced to acknowledge the impotence of all their efforts. Nor was Malta more fortunate. Hitherto it had escaped, in consequence, many persons believed, of its insular position, and the strictness and efficiency of its quarantine establishment; and its exemption at a time when the pesti-

lence was in Egypt on its one hand, and in Gibraltar and the south of Spain on its other, might certainly, with some show of reason, lead those, who form their opinions of epidemic diseases from the observation of what is going on in one or two limited localities, to this conclusion. But dismal experience now baffled the fond expectation, and proved the insecurity of the trusted means of defense.

Such were the lessons taught by the first world-wide migration of Asiatic cholera. After 1837, the pestilence ceased from the face of Europe for the next ten or eleven years — although scattered cases occurred every now and then in the various countries which had been affected, and a certain choleraic impress, so to speak, on the character of febrile and other diseases continued to be frequently observed.

The dark cloud once more appeared in the eastern horizon in 1845. Ere long, it became larger and more threatening, and steadily advanced in its march of destruction westward, following pretty nearly the track of its former career, and setting at defiance all mechanical attempts at exclusion where these were again attempted. Again did the quarantine authorities of this country issue some detentive regulations against vessels arriving from infected or suspected parts on the continent; but these, as will be probably remembered, were promptly abrogated, upon the recommendation of the General Board of Health, then recently instituted. The policy of this step was fully recognized by the London College of Physicians, whose well-considered opinion stands in the following words: "Cholera appears to have been very rarely communicated by personal intercourse; and all attempts to stay its progress by cordons or quarantine have failed. From these circumstances, the committee, without expressing any positive opinion with respect to its contagious or non-contagious nature, agree in drawing this practical conclusion, that in a district where cholera prevails, no appreciable increase of danger is incurred by ministering to persons affected with it, and no safety afforded to the community by the isolation of the sick." The Report of the Commissioners of Health in Ireland on the cholera epidemic of 1849-50, proclaims the same very important practical conclusions; and the medical authorities in Scotland have, I believe, emphatically recorded their opinions to a like effect. After such concurrence of judgment among the medical profession in this country, it is unnecessary to allude to that of our brethren abroad. It is all but unanimous; except, perhaps, in Spain and the Italian

States, where other motives, besides those of truth and conviction, are well known to influence the judgment of officials upon such matters. Nor is it undeserving of notice that, although these countries profess to place the greatest reliance on quarantine measures, and certainly carry them out with the greatest rigor, the experience of the recent epidemic has again shown their inefficacy against invasion. Malta, which, although a British island, may be regarded as truly Italian as regards her quarantine establishment, was again visited with cholera in 1850.

As far as I am aware, it has not been alleged by any person that it was then imported by shipping. Nor have the endeavors of the Spanish *guardas* to keep out the pestilence from Cuba, where the quarantine regulations are of the utmost stringency, been more successful. This was the only island in the West Indies that suffered during the first epidemic in 1834. In 1850, the enemy again found its way in by some channel that has never been discovered; and the development of the pestilence in Jamaica towards the end of the same year, could certainly not be traced to any neglect or violation of the quarantine, to whose agency the immunity of the island during the former epidemic had been ascribed.

Notwithstanding these facts, such is the dread of this plague in countries which have hitherto escaped its visitation, and such has hitherto, from long habit, been the vague and general belief that new diseases may be kept out by a system of rigorous medical police, just as interdicted articles of merchandise may be excluded by custom-house officers and coast guards, if these men will but do their duty, that the most extraordinary measures have been resorted to, in different places, within the last year or two, for the purpose of presumed self-defense. For example, two years ago, at Denmark, a quarantine of forty days was imposed upon one of our ships of war, crowded with troops too at the time, simply on the ground that she had come from Kingston in Jamaica, although no disease existed in that town at the date of her departure, nor had a single case of sickness occurred on board during the voyage. This was, certainly, a precaution with a vengeance; and might, I need not say, have led to disastrous consequences to the unfortunate *detenus*, had not the captain wisely determined to go to another colony, where he might communicate with the shore, until the appointed time had expired for the landing of the troops at Demarara.

Something of the same sort recently occurred also at the island of Mauritius; so that you see what views are being still entertained,

and acted upon too, by some of our countrymen abroad. Let us not, therefore, boast of our superior enlightenment in matters such as that now under consideration, or be so prompt, as we are apt to be, to rail at the ignorant obstinacy and blind prejudices of foreign states, in refusing to go along with us in effecting the reform of various practices, however opposed these practices may be to the conclusions of scientific research and the acknowledged results of experience. Let it be remembered that the inconsistencies of our own government have been often so flagrant, that foreigners may well call upon us to look at home, instead of setting ourselves up as their guides and instructors. They may remind us that after two formal declarations of the inefficacy of quarantine to avert the cholera, an order was issued, no farther back than last September, from our Council office, re-imposing what was called a "Quarantine of Observation" in our own harbors, on vessels, on board which was "any person or persons actually suffering from cholera, or who had been suffering from that disease within the five days previous to the arrival of the vessel in port;"—such persons to be detained on board the vessel, and the vessel to be kept in quarantine "for such period as the medical officer employed to visit the sick might judge necessary for the security or preservation of the health of the community on shore."

The question of treatment is less satisfactorily determined, but even here there are some points on which valuable light has been shed. Bleeding and transfusion, hot baths and cold sheets, sinapisms and ice, inhalations of oxygen and inhalations of carbonic gas—the most opposite things and everything,—calomel, opium, salines, nitrate of silver, acetate of lead, creasote, quinia, steel, and almost every other drug in the Pharmacopœia have been recommended in turn. The treatment by sulphuric acid, however, is that which seems to be of greatest promise. This treatment we have tested to a considerable extent at the Westminster Hospital in cases of choleraic purging. These cases, which have been very common during the last six months, many of them attended with depression, almost amounting to collapse, with violent cramps in the body, and frequently in the legs, we have treated invariably with half-drachm doses of dilute sulphuric acid, with a drachm of the compound tincture of cardamoms, and a little peppermint water, and the result has been almost immediately beneficial. The constant answer of the patient has been that the first dose had relieved, and

the second and third stayed the complaint. We have not had to treat a case of extreme cholera, but so satisfied are we with the results of the treatment in cases almost as bad, that in any case, however bad, we certainly should give the acid every quarter of an hour, with brandy and water internally, and heat externally. Nor is this practice quite empirical, for if this acid acts beneficially in hemorrhage, it may be supposed to act similarly in cholera, the serous discharge of which (to borrow an idea of Sir Henry Marsh) may be called *a white blood hemorrhage.* Several writers have called attention to this acid treatment of cholera during the past half year, particularly Dr. Fuller.*

In the summer of 1851, (writes Dr. Fuller,) the attention of the Profession was directed to a strange and newly-discovered property of sulphuric acid. That which had been regarded as a frequent source of belly-ache and purging, was vaunted as a certain cure for these evils, and medical men were called upon to examine and report upon this novel anti-cholera specific. It was not, however, till the month of September, 1851, that I had an opportunity of testing its efficacy in the cure of true choleraic symptoms. In that month, two most urgent cases of choleraic diarrhœa, attended by extreme collapse, violent and incessant cramp, pinched features, rice-stool evacuations, and matters resembling chicken-broth rejected from the stomach, were admitted about the same time into St. George's Hospital. Had these cases occurred in the autumn of '49, they would have been designated cases of Asiatic cholera; they differed in no respect from genuine cholera, and were entitled cases of choleraic diarrhœa simply because cholera was not then prevalent as an epidemic. In both these instances I administered sulphuric acid with complete success; and, as the action of the remedy could be attested by pupils and others, who witnessed the success of the treatment, I published in the *Medical Times and Gazette* (January 10th, 1852,) a detailed account of the effects observed, together with the general result of my experience. It amounted to this—that the dilute sulphuric acid of the Pharmacopœia, administered in half-drachm doses, repeated at short intervals, has a powerful and immediate influence over the disease. The vomiting and purging cease, and the cramps subside, sometimes after the second, more usually after the third or fourth, doses of the medicine. The attack may leave

*Medical Times and Gazette, Oct. 1, 1853.

the patient weak, and usually does so, in proportion to its severity, and the length of time which has elapsed before the administration of the remedy is commenced; but within three or four hours, the disease is arrested, and convalescence follows speedily. Indeed, in ordinary cases, the change is effected with such marvellous rapidity, that he who in the morning is so utterly prostrate, in the evening experiences little ill effect from his fearful seizure.

I had hoped that this circumstantial report, backed as it was by the result of my own experience, extending at that time to twenty-seven cases, and as it has since been by the concurrent testimony of several practitioners in different parts of the country, would have led to a recognition of the extreme value of this treatment in all instances of choleraic diarrhœa, if not of cholera; at all events, it seemed but fair to presume that testimony so decided, in favor of a remedy so cheap, so harmless, so extremely simple, so uniformly successful, and producing its successful and striking results within so short a time of its administration, would at least have insured a trial of its virtues.

My own conviction is, that in sulphuric acid we have an antidote — a specific — against choleraic diarrhœa, if not against the worst forms of cholera, as powerful, as energetic, and as certain in its effect, as in cinchona bark, or quinia, against a paroxysm of ague. In bilious diarrhœa, and in certain chronic diarrhœas, it is of little or no avail; and, in some, though in very few, according to my experience, it gives rise to pinching pain in the abdomen; but in epidemic diarrhœa, in acute autumnal diarrhœa, if I may so term it, and in more decided choleraic diarrhœa, I have known no single instance of its failure; indeed, the more choleraic the diarrhœa, the more speedily are its curative effects produced. This fact will appear of greater value when it is known that I have notes of its administration in above ninety such cases, many of which have occurred among my own patients at the hospital or elsewhere, and some in the practice of my friends.

With this, however, even more than with other remedies, success depends upon the mode of administration. Given at intervals of three or four hours, it fails in exerting any curative influence in severe cases, and is seldom of much avail, even in milder cases; and to insure its beneficial effects, it should be exhibited in full doses, repeated at much shorter intervals. When I first began to give it, I ordered two doses to be taken within the first hour, and a dose to

be repeated every hour afterwards. But recent and more extended experience, together with the close and eager observation of its influence on my own person, has convinced me that, even in ordinary cases, twenty minutes form a sufficient interval between each dose. In severe cases, five or six doses may be given with advantage within the hour; and should any dose be rejected by the stomach, another should be administered at once.* Rarely, however, is any dose rejected except the first, and the rejection of that is by no means common. While loathing the sight of other liquids, the patient, after he has tasted the first dose of the medicine, very generally craves for its repetition, and drinks it with avidity.

As the stomach is very irritable, and the acid taken in simple water is, under any circumstances, extremely palatable, I never mix it with syrups or other matters; and I strongly suspect the warm aromatic spices, with which some of my friends have flavored it, are additions by no means agreeable to the patient. Unfortunately, I have had some personal experience in this matter, and so strongly was my distaste to the medicine excited by such flavorings, that for the future, whenever I am the patient, I shall certainly put my veto upon them.

The effects produced by this remedy are very remarkable. Sometimes, after the second dose, more commonly after the third, and almost always after the fourth dose of the medicine, the patient experiences a grateful sense of warmth at the epigastrium; heat returns to the extremities; the nausea and vomiting immediately cease, even if they have not been arrested already; the purging is stayed, the cramps subside, and the countenance resumes its natural appearance. Very generally perspiration breaks out, and the patient goes to sleep, and awakes refreshed, though feeling somewhat weak. The other symptoms betoken a like amendment. The tongue, which before was dried and furred, or shrivelled, becomes moist and but

* Mr. Buxton of Great George Street, Westminster, to whom the profession is greatly indebted for having been the first to call attention to the anti-choleraic properties of sulphuric acid, recommends the administration of half-drachm doses every quarter of an hour in severe cases. If those gentlemen who make trial of the remedy so strongly recommended by Mr. Buxton would use it as they ought, in the manner, and in the dose he directs, and administer it only in proper cases, we should seldom, if ever, hear of its failing to arrest the course of the disease. In every instance within my own knowledge, in which it has failed in its efficacy, the blame has been chargeable upon those who have administered it, rather than upon any want of virtue in the remedy itself. They have either given it in insufficient doses, or else in cases of bilious diarrhœa, with foul breath and loaded bowels, which would have been benefitted by a brisk purge of calomel and rhubarb.

slightly coated: the evacuations from the bowels assume a healthy color, and are accompanied by an unusual disharge of bile; and the pulse regains its normal steadiness.

Such being the case, it is unnecessary, in mild or ordinary instances, to have recourse to any further treatment. With due precaution as to over-exercise and fatigue, and strict attention to the amount and nature of the diet during the next few days, so as to allow the stomach to recover its wonted energy before its powers are again fully taxed, the patient usually recovers without let or hindrance. The bowels act regularly without the assistance of medicine, and the dejections are of a healthy color and consistence. But in severe cases, if care be not taken to maintain the good effects already produced, a relapse may occur, or recovery may prove tardy. The patient, though no longer troubled with diarrhœa, may digest imperfectly, and suffer greatly from nausea. For some time after these severe attacks, the secretion of bile takes place irregularly, and the bowels become costive or irritable, and the motions dark-colored and offensive. Hence it is sometimes expedient to follow the sulphuric acid by two or three grains of blue pill, or a grain of calomel, administered at bed-time for a few successive nights, taking care during the day to impart tone to the stomach by the exhibition of some light, bitter infusion, combined with potash and ammonia, small doses of tincture of rhubarb, and, if necessary, a little chalk. By some such means as these, all unpleasant after-symptoms are prevented, and the patient proceeds steadily to convalescence.

On several occasions, it has occurred to me to try whether the same effects might not be produced by continuing the use of sulphuric acid at intervals of six or eight hours. But the result of the experiment has not been encouraging. In some few instances the patient has improved steadily, but occasionally he has experienced a relapse, and has generally been longer arriving at perfect health than under the plan already indicated. Hence, as soon as the urgent symptoms have been subdued—i. e., after the first few hours—I usually discontinue the acid, and, if necessary, have recourse to the treatment above recommended as most conducive to the maintenance of its good effects.

The only other point to which we would direct attention, relates to the injection of salines into the veins in certain cases of cholera. Dr. Owen Rees has written upon this practice,* and his remarks and

* The Lancet, Oct. 1, 1853.

cautions are of considerable value to those who may be disposed to carry it into effect. Dr. Rees writes:

As the cholera has again visited this country, I venture to direct the attention of the profession to a point of considerable importance as respects the application of one of the remedies for the disease. With the view of recovering some of the worst cases, and when other remedial means have been unsuccessfully tried, practitioners have occasionally injected saline fluids into the veins. As this proceeding has been attended with great advantage in several recorded cases, and has produced in nearly all a temporary good effect, it has appeared to me that had the injected fluids been composed in more strict accordance with the chemical and physical constitution of the blood than was the case, we might have obtained advantages from the injections very far exceeding those we have on record.

With regard to the chemical constitution of the fluid, it would appear that we can scarcely venture to interfere with the organic constituents of the blood, nor imitate the animal extractives and protein compounds of the circulating fluid, in order to supply them if deficient. There is, however, no occasion for this in Asiatic cholera, for the evacuations from the intestinal surface, which destroy the healthy characters of the blood in that disease, appear to contain but little organic matter, being chiefly made up of water holding the salts of the blood in solution. Thus Vogel and Wittstock agree in describing cholera motions as containing intestinal mucus, traces of albumen, and the ordinary salts of the blood, with carbonate of soda somewhat in excess. The analysis of cholera blood again points clearly to the necessity of supplying more especially salts and water, if we desire to restore it to the healthy standard.

With these facts before us, it is obvious that if we inject the veins at all, a solution of the salts of the blood is indicated in cases of Asiatic cholera: and it would seem well that those who may think it advisable to have occasional recourse to that plan of treatment for the recovery of severe and advanced cases, should keep a mixture of saline ingredients, combined in the proportions (or as nearly so as possible) observed in healthy blood. In order to answer the above requirements, I would recommend the following powder to be prepared, and kept ready for solution:—Chloride of sodium, three ounces; phosphate of soda, one ounce; carbonate of soda, one ounce and a half; sulphate of soda, half an ounce.

As regards the physical peculiarities of the fluid for injection, it is quite as important that its characters in this respect should be at-

tended to as that its chemical constitution should bear its proper relation to the blood. The specific gravity and temperature of the injection will require to be carefully adjusted before we can expect to put our patient under the conditions most favorable for recovery when mixing it with the blood. With regard to temperature, but little need be said; 98 deg. Fah. is necessary, as being that of healthy blood; and I would only remark, that it should be determined by a correct thermometer, and not by one of those cheap instruments with which the market is just now unfortunately inundated. The specific gravity should be adjusted by gradually diluting a strong solution of the saline mixture above described, with small portions of distilled water, at the temperature of from 58 to 63 deg. Fahr., occasionally testing it with a saccharometer, (the ordinary instrument used in the examination of urine,) until the instrument indicates a specific gravity of 1030. This being attained, the fluid has merely to be brought to the temperature of 98 deg. Fahr. to fit it for use.

It is not my intention to enter, on this occasion, upon the reasons why it is so absolutely necessary to attend to the specific gravity of the injected fluid, further than to state that I have adopted that of the serum of the healthy blood, which has a specific gravity such as acts on the blood corpuscles by producing a gradual endosmosis, and thus avoid the evil effects which solutions varying much from the same weight inflict on those bodies.

In conclusion, I would beg leave to refer those who may be interested in this question of the effect produced on the blood by solutions of various specific gravity, to a paper by Samuel Lane and myself, contained in the thirteenth number of the *Guy's Hospital Reports*, and also to remarks having reference to the physical structure of the blood, contained in the second edition of my work on the "Blood and Urine."

P. S.—Since writing the above, I have seen, in the tenth volume of the *Medical Gazette*, the prescription for preparing the fluid used by Dr. Lewin and others for injecting the veins, and have ascertained, by experiment, that the specific gravity is so low as to endanger the integrity of the blood-corpuscles if mixed with the blood. This danger is increased in Asiatic cholera, inasmuch as the corpuscles, owing to the drain of fluid which has occurred, contain a more concentrated fluid than in health, and will therefore be more easily destroyed by the presence of fluids of low specific gravity.

ART. II.—*From a Review of* DR. ROBIN'S "*Natural History of the Parasitic Vegetables which grow on Man and on Living Animals;*" *and of* DR. BAZIN'S "*Researches into the Nature and Treatment of Tinea;*" *by* DR. E. A. PARKES.

[It may be observed that all the vegetables which grow on living beings are low forms of Algæ, or Fungi.]

Most of these plants are composed of simple cells, or of cells placed side by side; the unicellular algæ being distinguished from the unicellular fungi by containing chorophylle or some analogous substance, and usually one or more colored vesicles. The more highly formed algæ are composed of interlaced filaments (*Trichomata,*) simple or ramified, cylindrical or flattened, and containing colored molecules; and of a reproductive system — viz: vesicles *sporangia, conceptacles* and spores (*sporidia.*) The fungi are represented by filaments, at first simple, then ramified, and formed by a single elongated cell, or more rarely, by several cells placed end to end (*mycelium.*) The reproductive system is constituted by spores, which are seated on a receptacle, either at once or by the mediation of certain special structures, or are contained in a distinct vesicle (*sporangium.*)

It would lead us too far to go into the minute anatomy of these plants, nor shall we attempt an account of the various genera and species which are found on the lower animals. We shall content ourselves with enumerating those which are found on the bodies of men.

The conditions of growth of the parasitic plants on human bodies are the same in all other cases. Whenever the normal-chemical processes of nutrition are impaired, and the incessant changes between the solids and the fluids slacken, then if the parts can furnish a proper soil, the fungi will appear.

The soil upon which these plants grow is for the most part composed of epithelium or cuticle, acid mucus, or exudation; acidity, although favorable for their growth, is not indispensable, since some of the cryptogamia grow in an alkaline or neutral ground, as on the ulcerations of the trachea. On the skin, and in the buccal and pulmonary cavities, the plants are exposed to atmospheric air, and many of the fungi absorb oxygen, and emit carbonic acid. In the intestines, the nature of the gas is somewhat different; but some

species grow here also. Humidity and warmth are important conditions of growth, and these, of course, are always to be found in connection with the animal body.

An useful division of the subject for our purpose is afforded by the anatomical seat of the cryptogamia on the skin, or on the mucous membranes of man.

A. Cryptogamia on the skin.—Ten varieties have been noted in this locality. We shall enumerate them in the order in which they are given by M. Robin.

1. *Trichophyton tonsurans* (Malmsten).—Syn. *Trichomyces tonsurans; Mycoderma of the Plica polonica; fungus of the hairs in Herpes tonsurans; fungus of Porrigo scutulata; Achorion Lebertii; fungus of the Teigne tondante* (Bazin;) *Rhizo-phyte* (Gruby).—This fungus was discovered and described in 1844 by Gruby, in the disease called by the brothers Mahon 'Teigne tondante;' by Cazenave 'Herpes tonsurans;' by Erasmus Wilson 'Trichoses furfuracea,' (one of the diseases called ringworm and porrigo scutulata in this country.) It exists also, as pointed out by Güsberg, in the plica polonica, although the two plants were formerly described as different.

The trichophyton is formed by oval transparent spores, which give rise to articulated filaments. Its anatomical seat is in the *interior of the roots of the hairs.* The hair and fungi simultaneously increase; the former seem larger than usual, are paler in color, lose their elasticity, soften and break off when they have risen some one or two lines above the surface of the scalp; in the short cylinder then left, the fungus grows still more rapidly, so that the normal structure of the small stump of hair soon becomes indistinguishable. Sometimes the hair breaks off before emerging from the skin, and the fungus, epidermis, and sebaceous matter fill the ends of the piliferous conduits, and form the little prominences which can be seen by the naked eye in this disease, and give the skin a rough anserrine appearance. The sporules and mycelium of the plants can sometimes be seen, in the form of a white powder, on the roots of the broken hairs; sometimes the cutis becomes congested and thickened, and then the plant is mixed up with scales of epidermis, with fatty and albuminoid granules, with pus, &c.; and crusts are formed of greater or less thickness, in which the growth of the fungus can go on.

MM. Robin and Bazin adopt unreservedly the opinion that the trichophyton is the cause of the disease known under the various names above given; and each author relates examples of the contagion of the disease by transmission of the spores. Bazin has made the very important observation that the same disease will attack horses, and can be communicated from them to men. But both Robin and Bazin, however, admit that there is some condition of the hairs (dependent no doubt, on constitutional causes) which is essential for the growth of the plant, as sometimes the disease disappears — i. e. the fungus dies — without treatment.

The *diagnosis* of this disease is extremely easy. The usually round bald patches, with the little elevations caused by the swollen roots, and the dryish scales of epidermis covering the skin more or less, and accumulating around the elevations, are very distinctive marks. Occasionally, when the cutis is more congested, and the crusts are thicker from abundant cuticle and exudation, some doubt may exist, but then the trichophyton can be usually found in the crusts.

The *treatment* of this species of ringworm has been long one of the most difficult points in dermatology. Its principles, however, are now well understood, and few cases resist the proper measures. The essential point is to apply to the roots of the hairs a preparation which may destroy the trichophyton; if this can be done, the disease is cured. It is first of all necessary to remove the hair; this is in part generally accomplished before the case comes under treatment, by the course of the disease; if it has not been sufficiently done, 'epilation' can be accomplished by a chemical agent, or by extraction with pincers. M. Bazin recommends the ointment given below,* or the oil of cade, which appears to be the best depilatory known, or with these means epilation with the pincers may be combined. The removal of the hair permits a "parasiticide" solution to be applied to the hair-follicles, within which are the prolific spores of the fungus. For this purpose M. Bazin recommends either a solution of bi-chloride of mercury (1 part to 250 of water,) or an ointment of the acetate of copper (1 part to 500 of lard.) We have used also, with excellent effect, a solution of the pernitrate of mercury, about one part to 30 or 40 of water; this is, however, a very powerful remedy, and is to be cautiously used, as it easily blisters the scalp. We have used also an ointment composed

*Lime and carbonate of soda, of each one part; lard 30 parts.

of sulphate of copper (1 part,) alum (3 parts,) and lard (20 to 30 parts, according to the age of the patient.) Probably, however, a better parasiticide agent than any of these is the sulphurous acid, which we have seen Dr. Jenner employ lately in a case of favus, with astonishing results, and which doubtless would be equally successful in tinea tondens. Chlorine water might also possibly answer the same purpose.

With respect to the name of the most common disease in which the trichophyton tonsurans appears, the term used by Cazenave (herpes tondens) is extremely unfortunate; no doubt vesicles are sometimes seen, and sometimes the cryptogamic disease succeeds to true *herpes circinata* of the scalp, but in many cases there are no vesicles at all throughout the whole course of the disease. The term used in this country, *porrigo scutulata*, is inconvenient, as it is applied with greater justice to favus. The old term of tinea is, after all, by far the best, and the specific affix tondens expresses well one great feature of the disease, the baldness arising from the brittleness of the hairs.

[The second species, which has been little studied, is the *Trichophyton sporuloides*. The 3rd is the *Trichophyton ulcerum*. M. Lebert has described a fungus in the crusts covering an atonic ulcer of the leg. The 4th is the *Microsporon Audouini*, present in the disease termed Porrigo decalvans by Willan. The 5th is the *Microsporon mentagrophyta*, found in a case of mentagra. This disease is easily cured by epilation, and subsequently using a lotion of bichloride of mercury. The 6th, the *Microsporon furfur*, has been discovered in the Pityriasis versicolor of Willan. The 7th, the *Achorion Schönleinii*, is the most important, being the fungus of Favus.]

Schönlein was the first to suggest that the honeycomb, or yellow favous crusts in the so-called porrigo lupinosa (Willan) and porrigo scutulata, were constituted by a vegetable growth. This has been repeatedly confirmed, and many excellent descriptions have been given of the disease, now called indifferently favus, tinea favosa, or porrigo scutulata; but none, we think, better than that which is contained in the work before us.

M. Robin believes he has discovered that the primary seat of the achorion is in the depth of the hair follicle, against the hair, and, as we can understand the description, outside the layer of epithelium which covers the root of the hair, and which forms "the inner root-sheath" of Kölliker. In this observation, however, he has

been anticipated by Wedl, who has pointed out that by using a concentrated solution of liquor potassæ, to make the parts transparent, the fungus is found in the follicle around the hair at the place where it passes through the epidermis. In addition to this, the plant is found in depressions on the surface of the skin, forming the yellow honey-comb-like masses which gave the specific name, favus, to the disease; and which, from their frequent buckler-like shape, suggested the term 'scutulata.' The development of the achorion in this situation is described by Robin after Remak and Lebert. A cuticular elevation is seen, beneath which is a small favus; when the cuticle is raised a drop of pus sometimes issues; hence the error of those who have considered this disease always pustular; generally, however, (Robin, Simon, and Hœffe,) there is no pus or liquid of any kind; the plant grows, and the cuticle over it (supposing it has been forcibly detached) finally separates, leaving the favus exposed to the air.

M. Robin does not notice the important statement of Simon, that at first there is at the point where the favus is about to form, only an increased secretion of epidermis; he notices briefly the fact, that sometimes the under surface of the favus is coated by cuticle, which separates it from the compressed and attenuated derma.

The structure of the favus is given at length by both authors, but it is scarcely necessary to do more than notice that Robin, in addition to the mycelium, the spores, and the receptacles of the achorion, describes a finely granular amorphous layer, which forms the external coat of the favus, and is the representative of the amorphous 'stroma' which often accompanies the mycelium of algæ and fungi. In the favus also, as we shall presently see, another and distinct fungus can sometimes be found.

M. Bazin describes the favus under three heads, which are fundamentally identical and different only in respect of form.

1. Favus urceolaria dissemina; this corresponds to the porrigo favosa, Favus dispersus, Teigne alveolaire, of other authors.

2. Favus scutiformis: this is the porrigo scutulata, or favus confertus.

3 Favus squamosa; a form usually called scutulata, but distinguished chiefly by the irregular distribution of the achorion, and by the furrowed masses formed by the fungus, the hairs, epidermis, and exudation.

The treatment of favus recommended by Robin and Bazin is epilation, and the application of the corrosive-sublimate solution, or of

acetate of copper ointment (1 part to 500 of lard,) to kill the plant still remaining adherent to the hair follicle. We suspect that the sulphurous acid employed by Dr. Jenner will be found a more effectual application than either of these two. [The remaining species of this division are unimportant.]

B. Cryptogamia on the Mucous Membrane.—The plants forming on mucous membranes, or in the contents of cavities lined by mucous membrane, are of less interest than those which grow on the skin, as in most cases they are decidedly only secondary. We shall merely enumerate them:

1. *Cryptococcus cerevisiæ.* Kutzing. (Syn. Torula cerevisiæ—the yeast-plant,) in the bladder, stomach, intestines, &c.

2. *Merismopædia ventriculi.* Robin. (Syn. Sarcina,) in the stomach, intestines, &c.

3. *Leptothrix buccasis.* Robin. (Syn. Alga of the mouth.)

4. *Oscillaria (?) of the intestines.* Farre.

5. *Leptomitus urephilus.* Montague. (An alga described as forming in the urine. It has as yet been scarcely studied.)

6. *Leptomitus (?) Hannoverii.* Robin. (Alga found by Hannover in the pharynx and œsophagus.)

7. *Leptomitus (?) of the uterus.*

8. *Leptomitus of the uterine mucus.*

9. *Leptomitus of the eye.*

10. *Oidium albicans.* Robin. (Syn. Cryptogamia of diphtheritis and aptha.) Aphtophyte (Gruby.)

11. *Fungus of the lung.* Bennett.

12. *Fungus in the discharge of glanders.*—[*Braithwaite's Retrospect,* from *Brit. and For. Med. Chirurgical Review.*

Art. III.—*On the Excito-Motory System of Marshall Hall.* By Dr. Davey.

The author of this paper endeavours to show that the excito-motory phenomena, as explained by Dr. Marshall Hall, rests on a basis which even *he,* up to this time, has failed to recognise. His object is to demonstrate that the true spinal functions stand in no need of the distinct set of nervous fibres—the exodic and eisodic nerves—which Dr. Hall describes and Mr. Grainger endeavored to demon-

strate with the scalpel; but that the sensory and motor spinal nerves are of themselves sufficient to create all the phenomena with which Dr. Hall has made the profession so fully acquainted.

Dr. Davey contended that the excito-motory system can be roused into action when the spinal marrow has been separated from the brain, or even in the case of an acephalous monster born without a brain; but even more; that precisely the same phenomena have occurred in monsters born without either a brain or a *spinal marrow;* and quotes Sir Gilbert Blane to support him in this statement. He declares that the reflex actions properly so called, are nothing more than an amplification of the ordinary spinal functions; an additional exciting cause, either from within or without.

An effort is then made to prove that the *organic system*, with the solar ganglion for its centre, is the great mainspring of all the phenomena of life; whether they relate to the organic or animal functions; whether to the brain, spinal marrow or any other individual part of the whole organism. He declares that the ganglia of the sympathetic system are in existence in the embryo anterior to the cerebro spinal organism, and that the medulla spinalis, as well as the brain; the heart and other internal viscera; all exercise their several functions in virtue of the power derived from the ganglionic system. He denies the correctness of Dr. Hall's experiments and states that the removal or destruction of the sympathetic system in the frog has always been found fatal to the true spinal phenomena. The motions so obviously perceptible are nothing more than retained nervous influence, and continue no longer than the peculiar contractile irritability remains. The following passage is quoted from Dr. Hall's book on the "Nervous System" to strengthen his position: "I must add that as the irritability of the internal organs depends much on the ganglionic system, so that of the muscles of the limbs may partly depend on the latter system. Although I have observed this irritability to be greatly diminished by the removal of the influence of the spinal marrow, I think," he adds, "I never knew it to be completely annihilated under such circumstances."

Again, Dr. Davey says, the function of respiration is under the control of the spinal system, and when that ceases, it is an evidence that the spinal cord has lost its functions. How, then, can we account for the fact that the uterus has been able to expel a child after respiration had entirely ceased, which he declares to have occurred, unless upon the supposition that the ganglionic system still continued to give vitality and muscular power to the organ?

He therefore believes—

"1. That the more complicated anatomy of the spinal cord, suggested by Dr. M. Hall, and sought for by Mr. Grainger, has not yet been realised.

"2. That the mere sensory and motor nerves or roots are themselves sufficient to the integrity of all those phenomena called excito-motory, which emanate from the spinal cord; or, in other words, that there is no necessity for any distinct division of the nervous (spinal) system, for the production of the excito-motory phenomena.

"3. That the exercise of the functions of the spinal cord is due to the peculiar influence of the ganglionic nervous system, exerted on its organism.

"4. That both the external and internal excito-motory phenomena are alike dependent on the vital stimulus imparted by the great sympathetic nerve, and, in the former instance, through the instrumentality or medium of the medulla spinalis.

"5. That such is the relationship between the great nervous centres, viz: the brain, spinal cord, and the solar ganglion, that the second, (viz: the spinal cord,) being at one time under the dominion of the first, *i. e.* the brain, and at another time under that of the third, *i. e.* the solar ganglion, and being thus intermediate, will now manifest a cerebral or voluntary power (and this the result of consciousness, and, of course, volition,) and then (the antecedent circumstances being dissimilar) display one of an involuntary, automatic, or instinctive, or excito-motory character; but this only, of course, when the organic nervous apparatus is in the ascendant, and the brain comparatively quiescent—or, in other words, when sensation (spinal) and motion, and not consciousness and volition (cerebral attributes) are in operation, if I may be allowed so to express myself.

"6. That the great sympathetic nerve is endowed with a specific and independent power, to which both the brain and spinal cord, and with them, of course, their functions are subordinate."

Researches on the Sympathetic Nerve. By M. Claude Bernard. (Virg. Med. and Surg. Jour. from Gaz. Médicale.) When the great sympathetic nerve is divided in the neck, or its ganglia excised, the results which follow are, retraction of the eye-ball, contraction of the pupil, redness of the conjunctiva, and the projection of the cartillage of the third eye-lid. These phenomena were observed first by Pourfour du Petit (1727,) and afterwards by Dupuy, Brachet

and John Reid. In 1846 M. Biffie noticed that by galvanising the cephalic end of the divided nerve, the pupil which was contracted in consequence of the section of the nerve, would become again dilated.

The experiments of MM. Budge and Waller proved that the influence transmitted by the sympathetic was derived from that portion of the spinal cord situate between the last cervical and sixth dorsal vertebra, which they named the cilio-spinal region.

M. Bernard announced to the Academy of Sciences in March, 1852, his important discovery of the great increase of animal heat and of sensibility on that side of the head on which the sympathetic was divided; and also ascertained that upon the application of galvanism to the upper end of the nerve this animal heat would disappear. Budge referred this increase of heat to the cilio-spinal region. Waller and Brown Séquard explained the increased heat and vascularity by the paralysis of the arterial system, caused by section of the nerve; Brown Séquard claiming to have been the first to show that galvanism of the sympathetic diminished the temperature and produced contraction of the arteries.

M. Bernard then proceeded to prove by a series of experiments,

1st. That a division of the sensory nerves, in addition to the abolition of sensation also diminished the temperature of the part.

2nd. The division of the motor nerves destroyed the power of motion and also diminished the animal heat of the parts.

3rd. The destruction of the sympathetic producing neither a loss of motion or sensation, greatly increased the temperature.

This augmentation of the animal heat is, therefore, a property peculiar to the sympathetic nerve. The elevation of temperature begins instantaneously with the section of the nerve, and amounts to four or five degrees centigrade. The excess of calorification upon a section of the nerve lasts in rabbits from sixteen to eighteen days, and in dogs about two months; but after extirpation of the ganglia, its effects have remained very intense a year and a half after the removal of the ganglia.

Upon the application of galvanism to the divided nerve, reverse phenomena are produced. The pupil dilates, the vascularization of the parts disappear, and their temperature fails.

"I have only wished," says the author, "in this communication, to establish one point in the complex history of the great sympathetic, namely, that the section of the filaments or ganglions of that

nerve possess constantly the privilege of increasing the calorification of the parts to which it is distributed. These phenomena are only the exaggeration of what naturally takes place in the production of animal heat. In giving the means of increasing the production of heat and localizing it in external parts which are easily observed, I had thought of rendering more accessible to our means of research, the study of that important function which is still so little known, but which cannot be investigated elsewhere than in the greater or less activity of the chemical metamorphoses which the blood undergoes in the living textures under special influences of the nervous system."

ART. IV.—*Medical Heads and Medical Life in Paris.—Unpolished Sketches from personal observation.—The Chirurgeon-in-Chief of La Charitè.*

"Crudelis ubique
Luctus, ubique pavor et plurima mortis imago."
Æn. 11, 369.

"Physicians mend or end us
Secundum artem, and though in health we sneer,
When sick we call them to attend us,
Without the least propensity to jeer."
Lord Byron.

Should one enter La Charitè at 7 o'clock of a winter's morning, pass through the first square, and, turning to the left, ascend the staircase, he will see long ranges of wards, much more than a hundred yards in length, with a double row of beds. Each of these compose only one side of a double set of quadrangular buildings, and there are two ranges, one above the other, for males and females respectively. Let him advance down to the extremity of one of these wards, and he is surprised at finding others leading off still as extensive as the first to which the stairs conducted him. Follow the last mentioned, and they branch again till they end in small blind rooms, containing each eight or ten beds, all with coverings and curtains of white linen. At different intervals, more or less distant, are visiting professors, in long white aprons, with or without velvet caps, and scarcely distinguishable from the half dozen Internes who accompany them; and around, in numbers varying with the popularity of the chief, stand crowds of medical graduates and students

The latter, though preserving to a certain extent the type of the genus, is more varient and less unique in Paris, than perhaps in any city in the world.

There are two or three, or a dozen, Frenchmen, generally small, bearded, and often badly dressed, and with note books containing fly leaves of white paper — the most industrious of all in taking down everything that falls, for they have examinations to pass. The French medical student is often poor, but may rise to reputation, fame and wealth. The Italians are scarcely distinguishable from these, except that their beards and hair are blacker, and less of their faces is seen; they are also generally neater than a native. The Germans are more dignified, grave and sedate, for they are usually graduates, and men of age, and are seeking for something to compare with what they have seen in Berlin or Vienna; these are, consequently, extremely critical, and as they understand and speak French almost as universally and as well as a Russian, it is only their light hair and Teutonic physiognomy, which disclose their origin. There are not many English, and as the few remain but a short time, often merely to get a certificate of attendance upon Velpeau or Louis, to assist them at the College of Physicians and Surgeons, or at Apothecaries' Hall, we need not refer to them more fully. An Englishman never wears a moustache and he is easily known.

Next to the Frenchmen in number, rank the Americans; they are generally tall, but with every hue, feature and appearance of every other race on the globe. Some are unmistakable, but others you could not distinguish from any body else. They adapt themselves, or offer without adaptation, any type that exists. They have an ambition to speak French — some cannot resist chewing the customary weed; many are very hard and regular students, others amateurs who stroll in a morning or so, look at a great gun, find hospitals, before breakfast, not the things they are reported to be, and that is the last you see of them *here*. But many of our countrymen actually do not give themselves time to take their meals in Paris, so constantly and assiduously do they attend hospitals, lectures, cliniques, dissections, private courses, etc. An American, when he *is* a student, and that not seldom, goes ahead at it, and none surpass him. But he does not observe, reflect and draw conclusions as much as he crams. He does not lose a moment of the short time he has allowed himself for medical Paris, because he means to know the *Quartier Latin*, attend the Café Chantons, Ma-

billes, the theatres on the other side of the river, and see Europe besides. The American is, therefore, generally under high pressure. I can affirm that many of them do not give themselves time for digestion; consequently, with all the advantages of French cookery, they remain as they came, dyspeptic! On their way from one hospital or lecture to another, they fly into a restaurant, swallow down a breakfast at 10, or a lunch at 1, and away they go. If you follow him until 10 that night, he is still in motion. He has in the meantime, taken a crowd of notes, which he puts up to read over and digest some day when he reaches home.

Now, instead of turning to the left as I proposed, should you open a glass door to the right, here are still other ranges of wards, with branches leading off almost interminably. Those on the first floor are for males. Ask a patient what is the matter with him and you will find that it is a surgical case. Far from where you enter stand a throng of men, some crowding around a particular bed, some with hats on, others uncovered; from out their number moves an individual whom you did not, at first observe, but whom every one seems to follow, as he passes rapidly from one bed to another, squeezing his way in among those encircling him. He is a person with a sharp, greyish eye, of middle height, more tall than short, inclined to be thin, and moving unobservingly by, unless when he stops, occasionally as the inclination seizes him, to ask some question of a favorite chief-de-clinique, or of a sister. He will sometimes not speak or smile for a half hour, unless on the subject of medicine, or the case before him; at other times, he even smiles and makes a little dry fun with the sick man, though he never laughs, and often, if induced to relax at something particularly ludicrous, he soon recovers himself, becomes grave, or rather I should say earnest, and his eye looks as piercing as before. Neither his voice nor manner is soft or winning, although they show, when he speaks to a boy, or the gravity of the case is imminent, that his heart is feeling, and that even habit, time and the knife, have not made him entirely callous to the sufferings of the unfortunate. I have heard him quiz a little *Interne* with white hair, upon the color of his moustache; but it was not done in a genial way; it was as a surgeon would quiz, and you only laughed because the great man laughed. He also wears a white apron with pockets, from which dangle a pin-cushion, and on his head is a purple velvet skull cap, with tassel. Thin grey hair escapes from beneath, and you are quite surprised when, upon inquiry, you are told that that is the

great surgical Amphictyon of La Charitè and of France, M. VELPEAU.

Here is a true veteran for you; here is a surgeon with the three requisites — a lady's hand, an eagle's eye and a lion's heart; here is the man who enjoys the "*digitis monstror prœterientium;*" you see at last, him that you have been hearing of all your life, and before you ever thought of medicine; you have, perhaps, heard your cousin or friend, who was in Paris years before you, speak of seeing Velpeau cut off an arm, or a hand, on such and such a morning, and you yourself also watch him do the same thing, on the same spot, fifty times; in fact, you see him perform two or three operations almost every morning you take the trouble to be at his amphitheatre at La Charitè. He will cut for stone, operate two or three times for cross-eye, take out tumors from the breasts of two or three women, amputate a finger, a thumb or a leg, almost any morning you choose to name, after he has visited these long lines of beds up stairs and down stairs, in male and female wards, and after he has lectured an hour, and all before breakfast. Heaven knows at what hour he has risen! — what he has not written in one of the works he is publishing, on the "*Maladies du Sein et de la Region Mammaire,*" or some other. But I do know that he has not yet finished, because, before his carriage and pair leave the Rue Jacob, in front of La Charitè, and when you have gone to the Cafè de Paris, to Madame Dijon's to 66 Rue de Seine, or with me to my rooms on the garden of the Luxembourg, *he* has remained to prescribe for a score of what are called out-door patients, whom he examines as fast as they can be marshalled in a room on the ground floor. Then M. Velpeau's private consultations at his own residence, and his visits have not yet commenced. But notwithstanding, you will sometimes meet him on the *Pont Neuff*, or the *Pont de Carrousèl*, with a young lady on his arm, as like as father and daughter can be, as they walk to the Louvre or the garden of the Tuilleries. And you ask again, is this the man, strolling quietly by, the hero of a hundred bloody operations, the creator of bold systems, and originator of new modes of practice — the bold generalizer, who has laid a master hand on almost every department of medicine; who has written a hundred volumes, whom everybody quotes, even men who study specialities, and who recognize that, during a life of ceaseless toil and exertion, *he* has made a speciality of every department of his profession, and has rendered himself as competent to pronounce

upon their respective merits as any enthusiast of a single one, whether it be in surgery, materia medica, obstetrics, physiology, diseases of the eye, or anything you please to name. M. Velpeau is a bold. successful innovator in each and every one, and he has stamped his name in every text book that the student uses. He has written, and now writes, tomes filled with costly illustrations, which the medical world reads and consults, and swear at, sometimes, but always quote or follow. There are none so dauntless as not to do him reverence, none so bold but do not ask what Velpeau said this morning at a clinique. Does he discover anything, he goes to have Velpeau test, and make it go down. With Velpeau's sanction, he is confident against the world in arms, and goes forth with redoubled zeal. Does Velpeau damn the new project, it is like a dash of cold water, and the thermometer of his ardor falls instantly. I think, that generally, M. Velpeau, after his very large and most enlightened experience and observation, has a right to pronounce, and that he does so cautiously and with discrimination. He has, at times, been quick, and perhaps wrong, and now I think the microscopists will make him rue the day that he decided too dogmatically against their true and false cancers; for, already MM. Lebert and Robin will show him that the glass is surer and more unerring than the unaided experience of even *his* eye and finger, and he will confess, or what is worse, posterity will do it for him, that true cancer and the unmalignant fibro-plastic growths reveal themselves by signs, more certain than those gained by observation and sight simply. Perhaps, too, M. Ricord, or his successors, will demonstrate, that in proclaiming his doctrine of syphilization, a true advance has been made, which time will sanction and enforce, and that its cardinal points are *real*, which M. Velpeau utterly repudiates and rejects *ab ovo*, root and branch. Velpeau must recollect that Ricord, though young and vigorous, resembles him in one respect — *he* does not take vacation either.* An old man, however great, is apt to remember triumphs won in youth from giants, and he grows too confident thereby. He is apt to forget that the tables turn, as age advances and years roll by, and when the conflict lies between the old and the youthful, but at the same time, the vigorous, the cautious and the observant.

*M. Ricord informed me that, with the exception of the last, he had not indulged in the ordinary *vacance* of the Paris doctor, for twenty years. He is at the *Hospital du Midi* the year round.

As a lecturer, Velpeau is not remarkable, though he is sufficiently fluent and pleasant. Some new comers find his French easy to understand; but though he does not mumble his words, and splutter as M. Roux did, yet there are several in Paris who speak very much plainer and better than he. I could cite Trousseau and Maisonneuve for examples. His tone is somewhat monotonous, and however enlivened by an occasional dry jest, yet there is neither much eloquence nor any brilliancy. But Velpeau's attraction is his fame, his knowledge, and the perfect flood of light which his vast experience enables him to throw on every subject. You feel that he utters opinions which you can set down as rules and axioms for your guidance in practice. He speaks *ex cathedra* upon every topic; his words are golden, for they flow refined from a vast mass of material collected during years of earnest toil, a toil directed by an enlightened understanding, and guided by an acquaintance and comparison, with not simply the stores of the past, but with the improvement of modern research.

Old and antiquated notions, and an adherence to early impressions, however false, cling to some who are only distinguished by age, arrogance and imbecility. But Velpeau, clothed in the heavy ancient armor of the veteran, still bears about him the keen and trenchant sword, as sharp and polished as that of any youthful champion around him. He may hedge himself in with precedent and experience, but he is constantly re-examining his precedent, and weighing and comparing his experience with that of others, whilst none contribute more fresh additions to them than himself. As his English compeer across the channel, old Liston, said: "Age is not the test of experience, but the possession of the greatest number of well assorted facts on any particular subject, whether they be got in five years or fifty, constitutes experience."

Though Velpeau has a finger quite awry and mishappen, from some wound gained during the pursuit of his profession, I believe, yet this does not at all interfere with his manual dexterity. Not priding himself on it, he is yet ambidextrous. I shall be excused for saying that however skillful in this respect, he cannot surpass our countryman, Mott, who uses either hand, sinister or dexter, with the most perfect indifference to himself. I have seen Mott dissect out a tumor over the wrist of a patient, at a surgical clinique in New York, when he employed his left hand alone. The individual did not lose an ounce of blood, and there were the vessels flowing just

beneath, which had been evaded with a nicety surprising to the beholder. We know that, with a few rare exceptions, including some operations on the eye, the surgeon had always better avoid display, and manipulate with the usual and most natural member.

Verily, there is a charm and an attraction about surgery, which deceives and captivates the young, the inexperienced and the unwary. It operates directly upon the senses. There is a brilliancy and a decision about the movements of the glittering knife, which is entirely irresistible. It does its work so directly, suddenly, and without appeal. The sight of the sudden gush of life blood welling up from the heart itself, has something about it which stimulates and excites; so that most men start to be surgeons as they do to be metaphysicians, but when they are past thirty they find they have been guilty of an expensive blunder, for the proportion of their medical to their surgical cases are as 10 to 1, and time and years are wasted in the attempt to make a Velpeau or a Malgaigne, when they might have been a much more respectable and distinguished as a Trousseau, Bouillaud or a Louis.

It neither requires talent nor genius to wield the knife, for the heavy and the phlegmatic, the stolid and the dull, operate when they cannot prescribe, and excise and amputate when they cannot cure. Traumatic injuries and morbid growths are rare in number, and slow in formation, whilst medical cases are frequent, and come thick and fast, at the same time that they demand more time and care for their relief. To be a great *surgeon*, however, in the enlarged application of the term, requires all the qualities of the mere operator, as well as those of the judicious medical man, but there must also be the material to give experience which only falls to the lot of a very few, even in the largest and most populous cities.

Among his peers, if peer he has, Velpeau is *facile princeps*. See him standing amid his gowned associates, as for example, when Orfila died, and his body was brought by them into the church of the San Sulpice, or when he walks into the Academy of Medicine, or sits around the table at the Ecole de Medicine, when they are examining by *concour* that fine band of talented young Frenchmen contending for places. Hear how many of them will quote him, Malgaigne, Nelaton and Roux, and see how queer and characteristic he looks all the while. I always smile when I watch Velpeau!

His hand was sick last year, and it was curious to observe how the Internes flocked around it of a morning — how the sisters, in

white caps, brought flax-seed, and the nurses flew for laudanum, and everybody offered their services, whilst old Velpeau disdained them all, and quietly dressed it himself. He never had it done at home, as everybody else would, by some member of his household, but, like a surgeon, he kept it to be taken care of by men in the midst of that theatre, where it had daily, for so many years, been performing such feats. I often looked on and smiled at the fun. I think, on one occasion, he did let one of them tie it up when he got through, and I presume it will be traditional, or like an heir loom in the man's family.

Singular to relate, this ambitious acquirer of professional lore does not speak English. Like most of his countrymen, he is content with the French, which they think every body either does or should understand, and if they do not, that it is simply their loss. One morning, winter before the last, he stopped two or three of us on the stairs, to assist in translating what a raw Irishman said, who was attempting to obtain a certificate of six weeks attendance upon the surgical clinique.

Velpeau has received a notice in the "*Biographie Universelle des Contemporains,*" published as far back as 1834, from which we gather and translate a few particulars, (see fifth and supplementary volume:)

"Alfred Armand Louis Marie Velpeau, Chevalier of the Legion of Honour, etc., is one of the most striking examples of what can be effected by energy of character, particularly when united to a happy natural facility." He was born in 1795, at Brèche, a small hamlet, eight leagues from Tours. His parents were poor but honest. After some medical studies in his native place, and in the hospital at Tours, he came to Paris soon after 1818, with 400 francs, minus his travelling expenses. He lodged at 7 francs per month, and expended ten sous (half-franc) daily for his meals. He was soon crowned at the *Ecole Pratique,* and nominated aid in anatomy. He gave private courses in anatomy, surgery and obstetrics. Before 1830, he had triumphed six times at the concour, out of ten essays, and he was nominated surgeon to the Hospital La Pitiè. It would be needless for us to mention in detail, his subsequent successes, nor the list of works he has written, though they are at our command. We may refer the reader to the paper cited above, and to a work by F. Campbell Stewart, of New York, on the "Hospitals of Paris," which we examined some years since.— *Charlestown Medical Journal.*

ART. V.—*Lectures on Fever.* By WILLIAM STOKES, M. D., *Regius Professor of Physic in the University of Dublin.*

I stated in the Introductory lecture, that since the period when I lectured on fever, as one of the subjects embraced in a systematic course, my views on that disease had been altered. In order to prevent misconception, it is necessary that we should return to this point.

By referring to the American edition of my lectures on the Practice of Medicine, published in 1837, it will be seen that I had insisted on the doctrine of essentiality, and that I combated those views of the continental pathologist which referred fever to a local and an inflammatory cause. On these great points, no change has taken place in my opinion. I do not claim any credit for the doctrines I then taught and still believe, for they were then held by most British physicians; and I am glad to observe, that the state of opinion on the Continent on these questions is fast approaching to that which has been so long held in these countries. The frequency and importance of the local lesions were maintained by me in 1835, and to this doctrine in general we still adhere.

In what respect, then, you will ask, have my opinions altered? I answer, that it is in the view we should take of the relation which inflammatory action has to the local diseases in fever; and, again, as to the amount of influence which these local affections may be supposed to possess, in inducing a fatal termination of the malady. Although we formerly held that the local alterations were secondary to the fever—that they were really symptomatic of the fever, not the fever symptomatic of them, as Broussais taught—yet we did not sufficiently recognise the fact, that in most cases the inflammatory action associated with them was itself secondary to the local lesion —that it was re-active, and, as such, had probably less pathological value than the local change which preceded it.

Again, the opinions which were then inculcated as to the influence which the local diseases had in causing a fatal result must be in at least two respects modified. I formerly was of opinion that death in fever was mainly to be attributed to the virulence or number of the local diseases. Such is not my opinion now; for although in examining the bodies of many patients who have died by fever, we find various local alterations, yet they are often insufficient to

account for death. And we have had abundant proofs that the typhus state itself may cause death, without there being any manifest local disease in any part of the system.

In another, and seemingly opposite point of view, our opinions have changed. For I think, that so far at least as the lungs are concerned, we did not sufficiently estimate the danger produced by the local disease independent even of the re-active inflammation. To this point I shall hereafter draw your attention more fully. We too exclusively considered the local affections as inflammations, though secondary to the fever; and did not sufficiently admit them as special typhus lesions or deposits, which might occur without any inflammatory action, or precede it.

To sum up, then; whatever be the changes that may have occurred in my opinions about fever, they are rather developments of the doctrine formerly taught, than its rejection, or the substitution of any essentially opposite view. In all points relating to the essentiality of fever, the influence with the law of periodicity exerts upon its phenomena, the secondary nature of its local affections, and, lastly, its contagious character, my views remain unchanged. But on those points to which I have already alluded, the alteration of our views is important as bearing on practice, inasmuch as it points more decidedly to the adoption of a treatment directed to the general more than the particular or local condition, and again to the more liberal employment of the tonic and stimulating treatment in the typhus of this country.

You will easily anticipate the general result of the views which I now attempt to teach you. They have led us to attach less importance than we did formerly to the inflammatory state in fever; that is, to the condition that indicates an antiphlogistic treatment in the ordinary sense of the word. In the use of stimulants we have become much more bold, even under a great variety of circumstances. But I must say, that with reference to the employment of wine in large quantities, we have been drawn to this mode of treatment less from any theory than from simple and accumulating experience by which we became less and less timid in the use of stimulants. Observe here, how a truth in pathological anatomy may be foreshadowed or anticipated by observing the effect of a therapeutic agent.

We considered at our last lecture the general nature of fever, and you will recollect that I impressed upon you, as the foundation of

the entire subject, that, when we compare fever with a large number of the diseases catalogued in books, we find this great difference —that, while the great majority of these latter diseases have an anatomical character, fever is wanting in an anatomical character. We may, then, you will readily see, divide all diseases into three great classes.

In the first class we have diseases which have an anatomical character—diseases to which we can give an anatomical expression. I need not occupy your time in giving examples of this class of diseases.

In the next place, we have a most important class of diseases, which have no anatomical character, and yet they are not fevers. I allude to the *neuroses*, or, as they are commonly termed, nervous diseases; of these, mania, epilepsy, lock-jaw, hydrophobia, hysteria, chorea, convulsions, are familiar instances. Here we have some most remarkable diseases, which have not any anatomical character; that is to say, we cannot show that they depend upon any known or ascertained anatomical change of any portion of the system, including the brain, spinal marrow, and nerves. The general character of this singular group of affections, which we call *neuroses*, shows that, whatever be the nature of the disease, the seat of it is in the nervous system; but, in the present state of anatomical knowledge, we are not justified in saying what the condition of the nervous system is to which they owe their origin, or whether it is an organic change at all. Even the results hitherto obtained by the microscope have been chiefly negative; the microscope has added but little to what was before known on those subjects. I may state here, lest you should fall into a misapprehension, that I do not wish you to believe that in none of those diseases do you find organic change. The fact is, that in many of them you do; but, when you come to inquire what those organic changes are, you find that they are so inconstant, so variable, frequently so similar in opposite diseases, that they altogether fail in throwing any positive light upon the subject.

This, then, is the second class of diseases; the first class having an anatomical character, the second having no anatomical character. Now, we come to the third class, which comprises fevers. Fevers as we have already said, have no anatomical character,—then you will say, "How do they differ from the neuroses?" As far as we know, and strictly speaking, they differ very little; but, there is this feature connected with them, that fever seems to be a special

condition of life which is to exist for a certain time, and then to cease,—that is to say, it is under the law of periodicity; and, in this respect, the phenomena of fevers differ very much from those of the pure neuroses. There are other differences, too, between fevers and neuroses. It is quite true, that in a large number of fevers, death may take place without any organic change that we can demonstrate anatomically; but it is true, on the other hand, that in a large number of cases, there is a tendency to the development of what I designated at our last lecture as the secondary lesions of the disease. Thus, if we compare these two classes, the neuroses, which are not fevers, and the fevers, properly so called, we find this great difference, that among the former, as for example in hydrophobia, we do not see any tendency to the development of ulcers of the intestine; nor in epilepsy do we find any tendency to the development of bronchial diseases; nor in mania do we see a cutaneous eruption; nor in convulsions do we find any of these various organic changes produced. This tendency, then, to generate or produce local anatomical changes secondary to the fever, is another remarkable distinction between this class of affections and the pure neuroses. There is a third very remarkable distinction between them. Fevers—using the term in a general sense, embracing, as I told you at our last lecture, a great number of diseases, as the exanthemata, typhus, plague and yellow fever,—are capable of being transmitted by contact or by vicinity, and a great many of them are contagious. So that in their subjection to the law of periodicity, in their liability to generate or produce various organic changes in different parts of the system, and in their transmissibility by contagion, we have three very important distinctive characters, although we cannot reduce them to an anatomical expression.

A great deal has been written on the subject of the proximate cause of fever, and theory upon theory has been promulgated on this subject. We are, however, at this moment, just as ignorant of the proximate cause of fever, as we were in the time of Cullen, or even long before him. We do not know what the proximate cause of fever is: but if we look at the entire phenomena of fevers, and inquire what views we may safely hold at present, for want of a better doctrine,—for it may be, that, in the progress of pathological science, the proximate cause of fever will be discovered; and it is quite possible, I might even say, probable,—when, I say, we deal with the expression of the usual state of our knowledge, we are jus-

tified in stating that fevers are the result of the introduction of a poison of some kind into the economy. The whole of the phenomena of poisoning by organic matters seem to point out a close analogy between fevers and those diseases in which a poison is introduced into the system. If a man who is in perfect health is exposed to the contagion of syphilis, in a short time his system becomes a laboratory for the formation of syphilitic poison and he is capable of communicating the disease. As far as we can form a judgment in this question, we may say, that there is a very close analogy indeed between fevers and these diseases, whether they be fevers which are the result of contagion or not; and in this way we see a connecting link between fevers, which we call acute diseases, and diseases which are neither acute nor febrile. Thus, for example, we do not say that a patient who is laboring under syphilis, which he has caught by contagion, is in fever; but he is, nevertheless, under a condition, which, as far as the chemico-vital state of his body is concerned, is somewhat analogous to fever, that is to say, his system has received a poison, and having received that poison, it seems to work upon it, or the poison to work on the system, and the result is, that the system becomes a generator of the same poison that it had received. Now, let us go a little farther into this subject. I might give you various other illustrations; and, indeed, I think you will find, that some unexpected analogies will arise in this matter, and that you will even perceive an analogy between two such opposite diseases,—such dissimilar diseases as typhus fever and pulmonary consumption. For there can hardly be a doubt, that, under certain circumstances, tubercular matter introduced into the system acts like contagious matter, and that it produces a development of tubercular disease in the system thus infected. Such cases, then, may be considered as examples, if you will, of very chronic fevers, long-continued fevers, and fevers which are not, apparently at least, under the influence of the law of periodicity. I am perfectly persuaded that the more we study that class of diseases, which seems to be general rather than local, we will find that the possibility of contagion will be more and more exhibited. I am strongly of opinion, that almost all the febrile diseases are contagious—that is, the essentially febrile diseases—and I think it certain that there are other diseases, also, which we do not call fevers, that are contagious. It is hardly possible to doubt the contagiousness of cholera; and we

may go still further, and extend the possibility of contagiousness even to such diseases as tubercular affections, and perhaps even further.

Now, let us examine what are termed the Exanthemata, Measles, Scarlatina, and Small-pox. These diseases are, in all essential conditions, fevers. An individual in perfect health is exposed to a certain exciting cause, and he gets a general illness, which exhibits phenomena referable to the law of periodicity. How do these diseases differ from typhus fever? They seem to differ in this, that their local phenomena are more constant, and that they are probably more uniformly contagious. The contagion of small-pox, of scarlatina, and of measles, is a recognised and established doctrine.

We know that scarlatina is generally constant in its phenomena,—that measles is constant in its phenomena,—that small-pox is constant in its phenomena, and especially in the phenomena of its secondary change,—so much so, that the secondary change is taken as a distinctive mark of the disease. These affections are probably, as I said before, more directly contagious; and this, perhaps, may arise from the circumstance, that the matter of contagion, in these cases, is more elaborated,—is perhaps more perfect; and the patient who contracts the disease is very much in the same position as a person who contracts syphilis; that is to say, that an organic poison of a special kind, whose essential characters, however, are so subtle as to escape chemical investigation, has been presented to his system, and has affected him. The phenomena of continued fever are more variable; and this may arise from the want of constancy in the exciting cause. We hardly suppose a man to get small-pox unless he has been infected by another who has had small-pox. But continued fever, or typhus fever, seems capable of being produced by a great number of causes, or—if I may so speak—by a number of imperfectly-developed or imperfectly-acting causes, and these, of course, may be infinitely various. We also see this very curious difference between typhus fever and the exanthemata,—that while, among the exanthemata, the one exciting cause always produces its own peculiar disease, the exciting cause of small-pox producing small-pox, the exciting cause of scarlatina producing scarlatina, the exciting cause of measles producing measles,—this does not seem to be the case with respect to fever. For here is one of the most important facts connected with the entire subject, that the same exciting cause—at least as far as we can see of it—is capable of producing different kinds of fever in different persons. This great fact

has not been sufficiently dwelt on by the various writers on fever, on the Continent and in England, especially by that class of men whose object seems to have been to make themselves classifiers of diseases,—makers of classifications,—at which nature laughs.

Here is another of the great facts which show the impropriety of attempting to draw lines of distinction between what are termed the *typhus* fevers and the *typhoid* fevers—that the one exciting cause will in various persons produce the two diseases. Now, we see nothing of this sort in the exanthemata. What may be the reason of this it is difficult to say; and we explain it very often by expressing the fact in different words. It is supposed that it may be due to some variation in the state of *receptivity* of the body at the time. For, in the production of the effect of the poison, there are two elements; first, the nature and composition of the poison which is to act; and, next, the chemico-vital state of the body which is to be acted on. The two causes combined produce the result—fever. But if, the cause being the same, the bodies be in different states, we may expect different kinds of fevers; and this is all that we can say on the subject.

Now, gentlemen, we come to another very important matter connected with fever, and rendering this affection remarkable, as compared with the pure *neuroses*, and also as compared with the anatomical diseases; and this is the subject of contagion, on which so much has been said and written.

In a course of lectures such as the present, the teacher should never omit any opportunity that may offer, to impress on the minds of his pupils some general rules for their conduct through life in the practice of their profession.

And here I would take the opportunity of saying, that I would advise you all, never to range yourselves among the advocates of an exclusive doctrine. Do not, therefore, as far as fever is concerned, range yourselves either among the contagionists, or among the epidemists, or among the non-contagionists. The very moment a man ranges himself in the ranks of other men who are fighting for a particular doctrine, he places himself in a false position. His mind is occupied with the excitement of controversy rather than with the search for truth. He becomes an advocate, he ceases to be an inquirer; and the very moment that this change occurs in the mind of the medical observer, he loses, or ought to lose, caste in the ranks of science.

In looking at the subject of contagion, it is very true that the contagionists will present you with an enormous array of facts, and the non-contagionists will present you with another vast array of facts. The contagionists will show you a great number of cases where fever has been directly communicated. The non-contagionists will show you a number of cases where this circumstance did not occur. Now, in one sense, you may say, that the doctrines of both are true; in another sense they are both false. There can be no doubt that disease has originated, and may originate, without contagion. This must be obvious to every man. The primary development of disease must have been without contagion. This is quite obvious.

Again, we see a vast number of cases in which disease is endemic. I need scarcely allude to the common case of ague. There are certain districts in which ague is constantly produced, and where, if a man who has not had ague comes, and is not in contact with any human being whatever, he will, almost certainly, get ague. Here, then, clearly, there has been disease independently produced, or at least without *human* contagion. There are certain districts in South America, certain districts in the West Indies, vast districts on the coast of Africa, vast forest districts in Hindostan, where, if a man sleeps for a single night, although we will suppose him to be alone, without any companions but the wild beasts of the forest, that man will get some form of fever. It is a fact that cannot be denied. Then we see the epidemic of influenza; we see also—if you look at the history of Medicine—unquestionably even within the latter periods of the world's history, the appearance of new diseases, totally new diseases. So that we cannot at all deny that disease may be generated, and that it may spread without the intervention of human contagion. We must believe, I say, in the spontaneous origin of diseases under some exciting cause; but that exciting cause need not be human contagion. On the other hand innumerable facts show, that fever existing in the system is capable of being propagated from one man to another; that it is, in fact, a contagious disease in the strictest sense; and this transmission of the disease may be not merely by contact, but by vicinity. Now, the facts which we must rely on to impress this doctrine of contagion on your mind, when you come to examine them, will appear less direct than you might suppose. A great number of men who have written on this subject, really were but ill-instructed in the rules of logic, and they have not been trained to think properly and exactly on the

subjects they were considering. For instance, it was a great object with a number of the French school, especially those men who were the disciples of Brousais, and advocates of the physiological doctrine, to establish the non-contagion of disease. For the doctrine of contagion implies, you will see, essentiality; and the physiological doctrine was opposed to all essentiality. According to the physiological doctrine, there was no such thing as essential disease. Every disease was local and inflammatory. Therefore, in their anxiety to overturn essentialism, they found this outwork, as it were, of contagion, which should be carried. And nothing can be more singular, or, I may say, heroical, than the efforts which a number of the French physicians made to establish the non-contagion even of the most contagious diseases. Many of them went out to the Levant and exposed themselves purposely to the contagion of plague; put on the clothes of persons who were laboring under the plague; slept in the beds with plague patients; inoculated themselves with the matter from the buboes of persons laboring under plague, in some instances actually inoculated themselves with the blood of plague patients. Well, in many cases, these experimenters did not take this plague; and this fact is still relied upon by many of the French school as a proof of the non-contagion of plague and of fever generally. But you will at once see how very inconsequential these experiments are. Here are four or five cases of failure of contagion, and as well might you argue that corn does not grow from seed because the grain sown in the earth will sometimes fail to produce the plant. I may state here, however, that some of these investigators paid the terrible penalty of death in their zeal for science, for they did take the plague, and were lost.

Among the direct facts which satisfy our minds as to the contagious nature of fever, is the operation of contagion in large masses. I need hardly here allude to the singularly forcible argument in favor of contagion which may be drawn from the frightful mortality of our Irish Medical brethren in the years 1847 and 1848. This subject I have already alluded to in the theatre of the Meath Hospital, and it is one which we can hardly look back upon without shuddering. The simple fact alone of the mortality of that class of individuals who are most exposed to the disease, furnishes an argument in favor of contagion which we would but weaken by any observations upon it. There is another curious mode of dealing with the indirect evidence for contagion, to which I shall now draw your attention. You

all know that Professor Louis, of Paris, has founded what he terms the numerical system of medical investigation; that is to say, he has attempted to reduce the facts of medicine to numerical expression; so that we would be able, as he supposes, to make medicine an almost exact science. Perhaps at some future period I will draw your attention more fully to the advantages and the disadvantages, to the possibilities and the impossibilities of the numerical system of Louis. My opinion, I may state, generally speaking, on the subject is, that, for the establishment of all that part of medicine which consists in establishing the data of physical diagnosis, the frequency or infrequency of certain pathological changes and matters of that kind, the numerical system is infinitely valuable; but that we cannot, or have not yet been able to apply it to furnish rules of treatment. For the object of the numerical physician and the object of the practical physician—if I may make use of such a distinction—are different. The object of the numerical physician is to ascertain a rule of treatment which will cure the greatest number of cases out of a given number; but that should not be your object, or that of practical physicians. It is very well to know that such results have been obtained; but it does not follow that you are to act on them. Your object is, not blindly to adopt the formula founded on numerical data when it is shown that by its use you can cure the greatest number out of a given number; your object is to cure the diseases of A, B, or C, as they may come before you. And you are not to neglect what you believe to be right in the case of A, B, or C, because you have this array of figures declaring to you that such and such a course, different from that you may be about to pursue, is the rule for saving the greatest number of lives out of a given number. But we may safely use numbers in a different way—as, for example, investigating the data of a particular doctrine.

My father, when Professor of the Practice of Medicine in the Royal College of Surgeons, directed his attention very much to the subject of contagion. He was a strong advocate of the doctrine of contagion. Perhaps he went too far in his belief in the exclusiveness of the doctrine of contagion. Perhaps, also, he went too far in denying the doctrine of the epidemists, or the non-contagionists. However, that has nothing to do with the present question. He thought, that, in looking at the general circumstances which attended the spread of an epidemic in this country, the probabilities for or against the doctrine of contagion might be submitted to calculation. One of his most intimate friends was the late celebrated Dr. Brink-

ley, Bishop of Cloyne, who was at one time the Astronomer-Royal of Ireland. He was admittedly one of the very first mathematicians of his day, and was especially skilled in that difficult part of mathematical investigation, the doctrine of chances. Now, in the progress of an epidemic in Ireland, (and doubtless, also, in other countries,) in a family of twelve persons, the disease has been known to attack eleven out of the twelve. In some cases, the passing of the fever through so large a proportion as eleven individuals out of twelve, has taken a very considerable period of time, as you may readily understand. It has taken about three months to go through them all. Now, my father proposed these two problems to the Bishop of Cloyne, for solution:

1st. "An epidemic prevails so severely, that one person out of seven sinks. A family of twelve is selected in a particular district, before the epidemic has visited it. What is the chance that eleven out of that family shall take the disease, supposing the sickness of one of the family does not promote the sickening of another,—that is, supposing the disease not to be contagious, and supposing the family to be not unusually liable to the disease?"

The answer furnished by Dr. Brinkley is, that the probability against such an event is 189,600,000 to 1. That is a very singular and extraordinary result.

2nd. "The same general conditions being assumed and also that the number of inhabitants of a district is 7,000, what is the chance that, in a family of twelve within the district, eleven will sicken.

Answer: "The chance then is 300,000 to 1 that no family of twelve persons, in a population of 7,000, will have eleven persons sick."

These numbers furnish proofs so convincing of the truth of the doctrine of contagion, that it is hardly necessary to go further. The facts on which they are based are ascertained facts; they have been common facts in epidemic fever; but, recollecting that they were common facts, the chances against their happening, if the disease were not contagious, would be 189,600,000 to 1 in the one case, and 300,000 to 1 in the other.

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

A Clinical Introduction to the Practice of Auscultation, and other modes of Physical Diagnosis in Diseases of the Heart and Lungs. By H. M. HUGHES, M. D., Fellow of the Royal College of Physicians; Assistant Physician to Guy's Hospital, etc. Second American from the second and revised English edition. Philadelphia: Blanchard and Lea, 1854. For sale by Riley & Co.

The introduction by Laennec of auscultation and percussion as a means adapted to the investigation and diagnosis of Thoracic and Abdominal diseases, has rapidly gained favor with the medical profession. The almost absolute certainty with which lesions of structure and function of these hidden cavities may be detected and elucidated by these methods, render it important that every physician should possess as accurate a knowledge as possible of their mode of application. The little manual before us of 304 pages, written in a plain, familiar and conversational style, is designed by the author to aid the student in investigating diseases of the Lungs and Heart. Although accurateness and precision in the diagnosis of these affections cannot be acquired from books alone, a knowledge of the principles taught in this little work will aid in their acquisition at the bedside. The sounds indicating the various pathological conditions which these organs assume, are described in a clear, lucid and intelligible manner, which constitute the work a valuable guide to the student of physical diagnosis. It merits a favorable reception

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A Universal Formulary: Containing the Methods of Preparing and Administering Officinal and other Medicines. The whole adopted to Physicians and Pharmaceutists. By R. ENGLESFELD GRIFFITH, M. D. A new edition. Carefully revised and much extended. By ROBERT P. THOMAS, M. D. With illustrations. *Selectæ sunt quae medicum nobilitant.—Linnaeus.* Philadelphia: Blanchard & Lea, 1854. For sale by Riley & Co.

A book embracing an extensive and varied collection of formulæ for the preparation and administration of the different articles of

materia medica, arranged with strict reference to chemical and therapeutic principles, cannot but constitute a useful addition to a medical library. Such is presented in the one before us of 651 pages. In this work the author has adopted the English appellations of the articles used, and the quantity of each is expressed in words instead of the usual pharmaceutical symbols, obviating all liability to mistake. Added to the compendium of formulæ are numerous tables, which enhance the value of the work. A list of incompatibles. A posological table, or collection of the most important medicines with their respective doses affixed. Also, directions for preparing injections for the preservation of the human subject, making it useful to the practical anatomist, &c., &c. The formulary is arranged alphabetically, and contains copious indices — making it a very convenient book of reference.

In short, it is a full and complete work of the kind, and should be in the hands of every physician and apothecary.

Anatomy of the Human Brain, from the celebrated dissections of John Lizars, M. D., etc., of London. Comprising fifteen engravings, colored, with accompanying explanations. Edited by Landon Rives, M. D., Cincinnati. Published by Middleton, Wallace & Co., 1854.

This is a work designed to perfect our knowledge of the special anatomy of the brain. It is edited by L. Rives, M. D., and published by Middleton, Wallace & Co., Cincinnati. On looking through it, we were impressed with its accuracy to nature, and its value to every one engaged in the cultivation of medical science. Comprised within a small compass, the descriptions embrace every thing connected with the external and internal portions of the brain. To the student, just laying the foundations of this branch of science, it is invaluable,—while to the practicing physician or surgeon it will prove very available as a means of keeping well posted up.

The profession are under obligations to Dr. Rives, for having got up this edition of the work. We needed something of the kind, because accurate information on the subject of which it treats is indispensible to the practitioner of medicine and surgery.

Woman, Her Diseases and Remedies. A Series of Letters to his Class. By C. D. Meigs, M. D., Professor of Midwifery and the Diseases of Women and Children in the Jefferson Medical College at Philadelphia, etc., etc. Third edition. Revised and enlarged. Philadelphia: Blanchard & Lee. 8vo., pp. 666. For sale by Riley & Co.

These letters have provoked in the journals of the day some considerable amount of criticism, and this has been principally on their *manner*, rather than their matter. In getting them up, the author says that he has tried to avoid what he is pleased to term "the dullness and jargon which characterize so many medical writings.', In another connection he terms it "the dullness and time-honored '*clergyableness*' of the day."

In some things, it must be conceded there is as much in *manner* as there is in matter. This, however, is not so true when applied to science. Matter, here, is every thing--manner almost nothing. The discovery of a new truth, in whatever way expressed, never fails to make an impression. So far, however, as the communicating of truths is concerned, there can be no doubt about the policy of consulting *manner*. Somebody has said that the useful always makes its most forcible impression when associated with the agreeable. Orators understand this, and practice upon it. But the question comes up, what is agreeable? Upon this there is a diversity of opinion. In efforts at the "bar," or on the "stump," the acceptation would be very different from what it would be in the "pulpit." Just so the term "agreeable," applied to teaching science, orally or by familiar letters, must have its own kind of meaning. With some it would be most pleasing to make no departures from the dignified, dense and rigid style most favorable to perspicuity and accuracy. With others, the use of cant phrases, quaint expressions, new coined words, puns, anecdotes, etc., are regarded as being most agreeable.

With reference to the character of the language in which a speaker or writer chooses to dress his thoughts, it may be remarked that, as communication of thought is the chief end of language, one rule is, that perspicuity should not be sacrificed to any thing whatever, not even to beauty. Another rule, of not less importance, and that has had a general currency among those who understand themselves, is that the language ought to correspond with the subject. For heroic actions, elevated language is required; tender sentiments ought to be expressed in words soft and flowing; while plain

language, void of ornament, is adapted to subjects grave and didactic. Against this latter rule the author before us is a great sinner. His work from beginning to end abounds with words, obsolete, new-coined, inelegantly compounded, vulgar; with phrases offensive, because too common with the herd, uneuphonic, because not in keeping with the gravity of science and the many delicate subjects connected with "Woman and her Diseases."

But if the blemish just noticed, like Fordyce's bad style, was *natural*, the rudeness, the disagreeable impression and mode, together with the bad example, might be endured for the sake of the many jewels in the way of useful facts that are brought forward by the author in his Letters. This, however, is not the case. The style is entirely *affected*, as its stiffness plainly indicates, and like affectation wherever seen, is any thing else than that for which there exists a relish in any one's composition.

The book before us, in our judgment, needed no such an inroad upon the style which has obtained in getting up didactic works, and which has been sanctioned by the judgment of the medical world. To the Temple of Science there is now a railroad, where formerly there was nothing, to use a Western expression, but a "blazed path." The author's reasons, therefore, for an infringement upon former customs, are not valid. We need nothing, except a good locomotive and an unobstructed track.

The *matter* of Prof. Meigs' work, as before intimated, is such as is needed, and as will prove available in the hands of every practitioner. We do not, however, wish to include in this every thing contained in the book. The detail of Miss Helen Blanque's case, and others of similar character, contain such a mixture of nonsense with science, and such a display of the polite "*granny*," that the impression which it must make upon the novices in the profession, will certainly be very rich.

The work contains a large amount of matter on the physiology and pathology of woman, and inasmuch as it is impossible to crowd this all into a course of lectures, there seemed to be a propriety in publishing it in a separate volume. The volume is got up by Blanchard & Lee, in their style, which is sufficient evidence of its mechanical execution.

On Rheumatism, Gout and Sciatica, their Pathology and Treatment. By HENRY WILLIAM FULLER, M. D., Cantab., Fellow of the Royal College of Physicians, London; Assistant Physician to St. George's Hospital, etc., etc. New York, Saml. S. and Wm. Wood, 264 Pearl St., 1854. (For sale by Riley & Co.)

This is a work that we should like to review at some length. But our space forbids anything more than a notice.

Impressed with the belief that much that has been written about Rheumatism is loose and faulty, the author, at the suggestion of his colleague and former teacher, Dr. I. Wilson, senior physician to St. George's Hospital, undertook a review of the whole subject for the purpose of placing it upon a scientific basis.

He commences his work by calling the attention of medical men to what we presume they very well understand—that Rheumatism is deserving of careful study, not more because of its frequency than the suffering with which it is usually connected.

Of the reputed cause of the disease—*cold*, the author thinks unfavorably. The general and local effects of cold, as ascertained by observation and experiment, do not result in a train of symptoms or lesions of structure such as we usually have in rheumatism. Applied *locally* to a part, cold and moisture give rise to a sensation of cold, pallor and blueness of the skin, a shrunken state of the skin, arrest of the circulation, etc., but to little if any pain. The *general* effects of cold of course vary according to the condition of the organism. Its first usual effect where the circulation is natural, or active, is that of a decided stimulus. Rigor and the disposition to muscular contraction are at once manifest. Continued however for some time, chilliness, shivering, muscular and nervous exhaustion, diminution of the force of the heart's action, and general depression, are the consequences. This depression ends in stupor, sleepiness and death.

Such phenomena, it is contended by the author, are totally unlike what we have in rheumatism. Among them are no wandering pains, no redness or swelling of the joints.

Testimony is also referred to, going to show that *cold* and *even moisture* combined, have, under circumstances favorable to their operation, upon quite a number of individuals at the same time, failed to produce in any considerable number of them alterations such as we usually have in rheumatism. The Russian campaign is referred to, and also Captain Parry's account of a voyage for the discovery of a north-west passage, in all of which it is asserted rheumatism was

unobserved as taking any part in the mortality. The following, bearing on the point, is instructive. It is taken from Capt. Parry's account of a voyage for the discovery of a north-west passage:

"We were constantly in the habit for some months of undergoing a change of from 80 to 100 deg., and in several instances of 120 deg. of temperature in less than a minute, and what is most extraordinary, not a single inflammatory complaint besides a slight cold, which was cured by common care in a day or two, occurred during this particular period. Throughout the expedition, the occurrence of rheumatism, or even indeed of rheumatic pains, was exceedingly rare!

Having disposed of cold as being incapable of exercising a sufficient causative influence, the author seeks for a solution of the question in another direction. He remarks:

"Many of the remarkable features of rheumatism are quite characteristic of a disease dependent upon a vitiated condition of the circulating fluid. Its attacks are ushered in by premonitory fever; its local symptoms are erratic, and yet remarkably symmetrical in their arrangement; the heart, the lungs, and other internal organs are affected and when metastasis occurs, the constitutional symptoms are such as are met with under similar circumstances in diseases known to be connected with vitiated blood."

The author calls attention to the distinction that exists between an inflammation excited by a local cause, as for instance by a blow, and the inflammation attendant upon an attack of rheumatism. Inflammation excited by a local cause never subsides in the spot first affected, to re-appear in some distant part of the body. On the contrary, whenever some poison or foreign substance, if the latter term is preferred, finds its way into the circulation, pus, for example, we are not surprised at the occurrence of symptoms at any point, however distant from the original seat of the mischief, because as the poison circulates with the blood to every tissue of the body, it may imitate and ultimately excite inflammation in several parts successively. We have just treated a case in which the inflammatory action manifested itself first in general muscular soreness, then in the joints of the superior extremities, then in those of the inferior extremities, and then within the cranium.

As it regards the source of the poison, the *materies morbi* of rheumatism, nothing is certainly known. Our author is disposed to attribute it to some obscure constitutional peculiarity or form of *mal*-as-

similation. In proof of this it is suggested that the disease makes its appearance in deranged conditions of the organism, from causes known to impress unfavorably the nutritive and secretory functions.

Females affected with uterine troubles or excessive lactation are very much disposed to rheumatism. M. Chomel has been struck by the frequency of its occurrence after tedious attacks from fever, in the wards of public hospitals. But what removes the complaint most completely from the category of those owing their origin to cold and moisture, is the fact established beyond dispute that rheumatism, like gout, is hereditary. Upon this point much evidence has been collected that is unquestionable.

What the particular morbific agent is that gives rise to the phenomena of rheumatism, is a question upon which there is, since Prout made the suggestion, a goodly amount of unanimity among pathologists. All now think that it is *lactic acid* which is developed too freely in the system, in consequence of imperfect assimilation, and accumulates in the blood by reason of defective cutaneous action.

The *treatment* of rheumatism, after all, is the important matter. Usually there is no difficulty in the diagnosis. The demonstrations are very decided and unmistakable. But what is there in the domain of remedies that will cure it, is the question. Quaintly some one has said, that the remedy most efficacious is "six weeks." If this were true, it is fortunate that it does not interfere with the administration of drugs or the use of appliances. But to our author and the subject. In our judgment, he adds very little to our stock, poor as it has been, in the treatment of a severe case of acute rheumatism. His treatment is mostly made up of blood-letting, calomel, opium, colchicum and the alkalies. The suggestions in regard to the circumstances, &c., requiring the use of these remedies, are very judicious, and so far as the young practitioner is concerned, they will well pay a perusal of the book. Upon the *alkalies* he perhaps places more confidence than might have been expected by those who have used them—and who are familiar with about what they will accomplish. He states that his success with them has been astonishing, and he concludes that it is in consequence, "1st. Of their acting as restorers of all the alkaline condition of the system; 2nd. Of assisting to maintain the solubility of the fibrin, and thereby preventing its deposition on the valvular apparatus of the heart; 3rd. Of acting most powerfully as sedatives and calming the action of the heart and arteries; 4th. Of increasing the metamorphosis

of tissue and proving active provocatives of an increased secretion of urine whereby the elimination of the *materies morbi* is assisted."

Besides Acute Rheumatism, Rheumatic Gout, Chronic Rheumatism, Sciatica, and other forms of Neuralgic Rheumatism are elaborately discussed and much light thrown around each one of them that will pay perusal.

PART FOURTH.

EDITORIAL AND MISCELLANY.

CHOLERA.—Our country has been visited again by this disease, and while we are journalizing this notice of its presence in the form of an epidemic in the West, we may say that our city, so far, during the present season, has suffered but slightly compared with some other places, or with previous visitations. Small towns, villages, or country places, seem to have come in for a greater share of the disease than formerly, while most large towns and cities, and many places that in former years were seriously afflicted, are now enjoying a comparative exemption. This circumstance shows that the disease is not confined to densely populated districts, as at one time was supposed to be pretty uniformly true, but that it finds in even very sparsely settled regions, and, indeed, sometimes in the wilderness itself, the conditions favoring a very high degree of malignity.

The question might be asked, how does the disease now compare in malignancy with former visitations? As far as we are able to judge of this from our limited observations and from the journals of the day, there is but little difference. We have been impressed with the belief that the proportion of deaths to the whole number attacked with the various phases of cholera, such as diarrhœa incipient, cholera morbus, &c., is less, and that the *duration* of the disease in cases of a decided character is also less.

What do we know of Cholera?

Do we know anything more now than when it first made its appearance among us? Such questions as these we would be glad to be able to answer. We of course have learned something, but, and

we regret to say it, much has yet to be learned, and that too, in regard to some points the most essential.

Of the materies morbi, we are ignorant. It is believed now, however, not to consist in any special atmospheric condition, but to be a *material* substance. This substance, finding its way into any place, can increase under the influence of foul and damp air, with some degree of warmth.

The *transmission* of the material giving rise to cholera has a close connection with human intercourse. It is carried in the clothes of persons, in railroad cars, steamboats, in ships, etc. This fact was insisted upon in the Bengal Report of 1824, and the Swedish Commissioners of 1848, and many eminent men in both hemispheres, bear their testimony to the same point. At the same time, it by no means follows that the material cause spreads in no other way. A great deal of evidence has been accumulated, showing that its occurrence in different portions of a city or in different parts of a state or county, takes place independently of communication with the sick.

The facts which have been collected from different countries, and during the previous visitations of the epidemic in our own, upon the liability of nurses, and those most exposed to the exhalations of the sick room, to attacks of the complaint, are conflicting, and not generally thought to warrant the belief that the disease has a contagious property.

Several conclusions in regard to some points of the pathology have been reached. One is, that the early theory of the nature of cholera is correct. By those conversant with its early history and progress, it will be recollected that some of those whose opportunities were good for observing, describe the principal phenomena as consisting in *a separation of the water and salts of the blood through the intestinal canal.* This, which in the commencement was of rather a theoretical character, is now sustained by the experiments of the chemists. Besides, by their labors, the accuracy of our knowledge, although still not what would be most desirable, is increased, in regard to other things pertaining to the disease.

In a case of cholera, we have what may be called a *transudation period*, a period which embraces every change which the fluid undergoes in passing from its vessels into the alimentary canal. According to Schmidt, the intercellular fluid of the blood, that is,

its serum and fibrin, is first affected, and water, salts and albumen pass off, and form the well known liquid discharges. The order in which the constituents of the intercellular fluid, (syrum) are affected in the transudation process, is, according to the same author, as follows: 1st. The water of the syrum passes off. 2d. The inorganic solids. 3rd. The organic. 4th. Chlorides before the phosphates. 5th. The salts of soda before the salts of potash.

As soon as the passage of the serum of the blood to the alimentary canal commences, another process of transudation commences between the blood corpuscles and the liquor sanguinis or intercellular fluid in which they float, and this takes place exactly in the same order, says Schmidt, as the constituents of the serum into the alimentary canal. The water more readily than the solids, the inorganic solids more readily than the organic, etc. Continued for a short time, a very abnormal condition of the blood corpuscles must be the result.

Among other things, their functions in the respiratory and heat-making processes would necessarily become subverted, and it may be, too, that it is in consequence of their loss of salts that we have the characteristic blueness (cyanosis) and coldness which takes place in cholera. Besides this, Schmidt found that the amount of oxygen which the blood corpuscles contain at the period of eighteen hours after an attack of cholera purging, was one-half less than the healthy proportion.

While the transit is going on between the blood vessels and the alimentary canal, of course the current from the blood into the structures for nutrition, secretion, innervation, etc., becomes impaired, and as a consequence, deranged muscular contractions, (cramps) and suspended secretions of most of the organs, are, it seems, reasonable to presume, among the results.

The gravity of a case of cholera has generally been supposed to have a necessary relation to the amount of serum discharged from the alimentary canal. During the prevalence of previous epidemics and also of the present one, facts have occurred under the observation of quite a number of medical men, which go to show that such is not always the case. It is true that it may be the rule, but there are exceptions to it. In tropical regions the stoutest subjects have been noticed to fall into collapse, without scarcely any discharge at all from the bowels. This, we are compelled to believe, is also true, though less frequently in temperate latitudes.

Treatment.—From what we have said it would seem reasonable that the principal thing to be aimed at in a remedial effort should be, the arrest of the intestinal transudation, a reverse of the current which is pouring from the blood vessels into the intestinal canal. How is this to be done? Among other things, one fact of importance has been reached, and although the process of getting at it has been purely empyrical, it is not the less valuable. It is this: if the diarrhœa be arrested in its incipient period, the abnormal changes in the composition of the blood will most likely not follow. In the stage of collapse, something is required that will replace the healthy proportion of the constituents of the liquor sanguinis and the blood corpuscles. To do this, nothing has been proposed that has a sanction higher than empyricism. Science, although industriously invoked, has yet revealed nothing that can be regarded as available.

A plan needs to be suggested that will get the potash salts back into the blood globules, and the water into both the globules and the fluid in which they float. Schmidt, as we have seen, traced the order in which these constituents leave their places in the vital fluid, where in health they are retained with a number of others in such nice and accurate relationship; but who is there that can point out the mode of getting them back, which is the same thing as pointing out the mode of curing cholera when in the stage of collapse?

Starling Medical College.—The Annual Announcement of this Institution is upon our table, and from it we select the following:

"The Trustees of Starling Medical College, in issuing their Eighth Annual Announcement of Lectures, are happy in being able to present to its friends the substantial evidences of its continued success and prosperity. Notwithstanding the diminution of the number of medical students in the country for several years past, this school has maintained its numbers with but slight variation. Each succeeding year has shown a steady advance in the extent of preliminary preparation, and the higher aims of those seeking to fit themselves for the practice of medicine and surgery. The talents, attainments and high moral qualifications of our classes, have been to us a most flattering guarantee that our labors have been approved by those whose favor we so highly esteem.

"We now feel assured that we can offer increasing advantages

and conveniences for the generous patronage that has thus far been extended to us, and that the student of medicine will find as complete and extensive a course of instruction in this school, as the time allotted for Lecture term will permit.

"The Trustees have now effected an arrangement which they have long felt was necessary to the highest success and prosperity of the Institution. Heretofore, a portion of the Faculty have been non-residents, and consequently less intimately identified with the school, and, from their absence, except during the Lecture term, less able to devote the time and labor which its interest required. The organization as now completed, is constituted wholly of resident members. This secures that unity of effort that must accumulate strength, which, together with the promptings of personal ambition and interest, the fair attainments, the concentrated and continued labors of all in the school for the whole year, will, they think, secure to it advantages that are not otherwise attainable. Under this arrangement, all pecuniary embarrassments will be removed, and provision made for adding to the means of illustration, and all the facilities of teaching; and the course of lectures in each department will be continued through the whole session. We deem it unnecessary to go into details in reference to all the departments; only to say, that valuable additions will be made to that of Anatomy, both by the Professor, and by a gentleman fully competent, whose services have been secured, and whose time will be devoted entirely to supplying and arranging preparations for this department, and that of Pathology.

"To the profession of the West, who have long been acquainted with Professor Dawson, through his numerous and valuable contributions to medical literature, we need say nothing of his general qualifications and professional zeal; and those who have had the advantage of his private instruction in this his favorite department, will still less require any commendation of him from us.

"Materia Medica.—The chair of Materia Medica will be illustrated by a beautiful and complete suite of medicines, of the finest quality, furnished by Messrs. Philip Schieffelin, Haines & Co., of New York, aided by numerous finely executed botanical plates. The fine attainments, zeal and industry of Prof. Hamilton, are a sufficient guarantee that this department will be fully sustained.

"Chemistry.—The Professor of Chemistry, who at present occupies the same chair in Capital University and Esther Institute, of

this city, will bring to his department the experience and zeal which have made him so successful and acceptable a teacher in these two Institutions. Prof. Wormley, having given special attention to organic chemistry, will direct his course to the wants of the medical student in elucidation of Physiology and Pathology. He brings to his aid an apparatus, new, and as complete as any in the West.

"Surgery.—The reputation of Prof. Moore, won by years of successful teaching in Eastern schools, was fully sustained by the gratification and acceptance with which his course was received last winter, by an intelligent and appreciating class. Prof. Moore, now permanently located in this city, will give his undivided attention to his chair and the practice of surgery.

"Lectures.—The Lectures will commence on Wednesday, the 18th of October, and continue for twenty weeks, ending Tuesday, the 6th of March. All students are earnestly invited to be present at the beginning of the regular session, that they may avail themselves of these increased privileges, which they will receive without an increase of lecture fees. This extension of the lecture term is made with a view of accommodating students with fuller courses in all the departments, and at the same time avoiding the crowding of lectures so as to burthen and weary; thus supplying a want that has long been acknowledged. We now cheerfully and hopefully present our claims to the medical public, believing that the central position of Columbus, its rapid increase in population, wealth, and all educational privileges, the facility of access by extensive railroad connections, the variety and cheapness of accommodation for boarding, book stores, etc., which it presents to the medical student, make it beyond a doubt one of the most eligible sites for a medical school."

The increase of the Lecture term to five months, is a measure founded upon an enlightened consideration of the subject of medical education. The amount of matter to be taught, and the length of time usually devoted to it by our colleges, bear to each other no proper proportion. This has been long felt, and in older countries the remedy has been applied by courses of lectures that extend through ten months of the year.

Besides the departments proper, which formerly entered into a course of lectures, others have sprung up which demand attention from those whose ambition it is to get even into the ranks of decent mediocrity. Among these we may include Physical Diagnosis,

Organic Chemistry and Microscopy. In regard to these subjects, enough is now known of their relations to utility, to make it a matter of grave consideration whether any one is justifiable in attempting to exercise the functions of a physician, without spending a portion of his time in acquiring some knowledge of them. The schools of the country will, without any doubt, all, sooner or later, fall into ranks upon the proper reform, for nothing in the end, but good consequences, can be the result.

Seventh Volume.—With this number the seventh volume of this Journal commences; and brief as its career has been, it would have been a fruitless time, if some things had not occurred during its progress that afford a little food for reflection. From data that are reliable, it is altogether probable that since our Journal was started, not less than 180,000,000 of human beings have passed from the earth's surface, and are now in the future state. Among these, of course, are a great number of medical men, many of whom have reached a premature end from the exposures and privations connected with their professional duties. But inspired with the truth of the maxim, "*Homines ad Deos nulla re proprius accedunt, quam salutem hominibus dando,*" they have always been ready to execute their mission, regardless of consequences. Within the time of which we have been speaking, a Butterfield and a Howard were here, and besides occupying a prominent place in our society, were connected with this Journal as editors. Where are they now? Gone, in company with a large number of others of our profession, to the invisible world. The force of such truths cannot fail to make the impression upon us all, that our lives, at most, are of but a moment's duration, and our earthly mission, of which we are often so vain, of but small consequence among the numberless purposes that pertain to humanity.

But leaving the shaded and turning to the bright side of the picture, it may perhaps be safely submitted that within the same time, the number who have come into the world, the births, have more than equalled the deaths, and the population of the earth has after all been increased. Now of this one hundred and eighty millions or more of new-comers, who knows but that there may be among them some Hallers, Sydenhams, Boerhaaves, Laennecs, Coopers, Hunters, Physics and Drakes, who, having the advantage

of commencing with the capital scientific that has been accumulated by the labors of the present generation, will be enabled to arrive at results still more extraordinary than any to which we have yet attained.

But, says the reader, what have you got to say about the Journal itself? Well, it has had its period of gestation, its accouchement, its days of childhood, when it could not stand without assistance, and it is now struggling for the nourishment and vigor necessary to impart to it a strong constitution. What say its friends, those who have heretofore ministered to its wants? Shall it still have the *protein* that makes blood, and imparts the properties so essential to its usefulness? We shall see. Of our own connection with it thus far, we can say: *Labor ipse voluptas.*

To all, it must be very evident that we are upon the threshold of much that promises great usefulness in the way of new discoveries, flashes of which have already appeared in the scientific horizon to those who have been on the look-out. As such become obvious, they will be indicated from time to time in the pages of the Journal. Again, our present stock of information, like what occurs in the human body, has every once in a while to be subjected to the sloughing process. Useless things require to be removed. Inert drugs and useless appliances that have been living upon the sanctions of perhaps a *fallacia accidentis*, have been accumulating on our hands from year to year, until they have become really injurious, and need now to be thrown off, to give room for things more in the line of utility.

Upon such things, and others, looking to the purity, interest, etc., of the profession, the Journal will be engaged the coming year.

In this connection, we embrace the opportunity to request our readers who are in the field of observation, to communicate to us every thing of interest that comes in the way. The field of the West and South is so vast, and its diseases so numerous and complicated, that many things are continually occurring that should be recorded for present and future use.

Chloroform.—Some fatal cases of late have been occurring under the use of this article, and we regret to say it, in the most careful hands.

University of Louisville—Its Law Suit.—It is perhaps known to most of our readers that a law suit has been going on for some years, that related very intimately to the future of the medical department of this Institution. No sooner were demonstrations made that the school was about to be one of the most successful, than measures were concocted for changes in its organization, such as, had they been successful, would have resulted in throwing its government into hands that would have embarrassed its operations and destroyed its ability to accomplish the purposes for which it was instituted. These measures ultimately assumed the shape of a law suit, which took the court rounds, and after affording the usual amount of annoyance, has at last been decided by the Court of Appeals in such a way as to leave the property and the administration of the school in the hands of the old Board of Trustees; consequently, things will go on as heretofore. We rejoice to record this triumph of right and justice.

The Late Dr. Waldo J. Burnet.—This distinguished young man died July 1st, a few days before the completion of his 26th year. Dr. Burnet had not the advantage of a collegiate education. After mastering the studies of the Academy, he at once entered upon those of the medical profession. While engaged in the latter, he gave evidence of an active, brilliant intellect. The subject of his first essay was *Cancer*, treating especially of its microscopic structure; and the second was on *The Sexual System, or the production of "being," considered as to its Physiology and Philosophy.* In 1852 he prepared the principal work of his life, the essay on *Cells*, which received the prize from the American Medical Association.

Starling Hall.—We call the attention of the profession to the advertisement relating to this Institution. It is arranged in an efficient and comfortable manner, with special reference to the treatment of the diseases enumerated. Medical men having cases of the character indicated, which they find it inconvenient to treat in private practice, will do well, we should think, to send them to Starling Hall, where they will find the best of medical services, with all the facilities that can be desired.

New Books.—Besides the books noticed in this number of the Journal, we have received of the publishers, Blanchard & Lee, *Bennet on Tuberculosis*, and *Parker on Syphilis*. Both of these are works of decided merit, and we shall review them at some length in our next. They are on sale at the book store of Riley & Co.

Dowler on Yellow Fever.—We have received from Dr. Bennet Dowler, of New Orleans, his Tableau of the Yellow Fever of 1853, with sketches of the Epidemics of New Orleans since their origin in 1796, illustrative of the quarantine question. To those who are acquainted with Dr. Dowler, we need say nothing in regard to any thing that emanates from his pen. The pamphlet before us contains the evidence of much research and close thinking on the quarantine question, the great question with the citizens of New Orleans. Perhaps in our next number we again will allude to this subject. In the meantime we thank Dr. Dowler for sending us a copy of his labors.

Indiana Medical Journal.—We are in the receipt of this, the first number of a new periodical, which is published at Evansville, Ia., and edited by W. H. Byford and Hugh Ronald, Professors in the Evansville Medical College. The appearances of this Journal are very good, both as relates to size and contents. We wish it may meet with success.

Dr. Asa Lincoln, of Brimfield, Mass., recently committed suicide by starvation.—*Exchange.*

Perhaps it would be about as near the truth to say that he died of insanity, as it is probable that no sane individual ever committed suicide by any means, but last of all, by that of starvation.

Kentucky School of Medicine.—From the Annual Announcement of this Institution, we learn that Dr. L. M. Lawson has been elected to the chair of Theory and Practice of Medicine, and Clinical Medicine. While we congratulate the Kentucky school on this accession to its Faculty, we deplore the policy which has resulted in the loss of Prof. Lawson's services to our own State.

[From the Western Journal of Medicine and Surgery.]

MEDICAL APPOINTMENTS.—Our friend, Dr. John Dawson, editor of the Ohio Medical and Surgical Journal, has been elected Professor of Anatomy and Physiology in Starling Medical College, at Columbus. Dr. Dawson is one of the most industrious men in our profession. He has been working hard all his life, and by persevering study has made himself an accomplished physician. We rejoice in his success, and feel that we venture nothing when we predict, that he will fill worthily and acceptably the chair to which he has been called by the Trustees of Starling Medical College.

We record with pleasure the appointment of another worthy member of the profession to a place in another Medical College. John A. Warder, M. D., has been elected to the chair of Chemistry in the Medical College of Ohio, long adorned by the talents of Locke. Dr. Warder has a decided taste for natural history, and will delight in the researches of the laboratory. We hope that he and his colleagues may be successful in giving stability to the organization of this College, which has been so long a theater of revolution and change.

In the Medical College of Virginia, at Richmond, Dr. Beverly R. Wellford, late President of the American Medical Association, has been selected to fill the chair of Materia Medica, and Dr. Brown Sequard as Professor of the Institutes of Medicine. The "mother of States" seems to be waking up to her interests, in regard to medical teaching, and to be in earnest about sustaining her Medical College at Richmond. The appointments just mentioned are as good as could have been made.

We regret to learn that our esteemed friend, Prof. Bartlett, has not yet so far recovered in his health as to be able to discharge his duties in the College of Physicians and Surgeons of New York. The course on Materia Medica will be given, next session, by Prof. Smith, the course on Practice by Prof. Alonzo Clark, and the course on Physiology by Prof. Dalton. Prof. Dalton is comparatively a young man yet, but he is acquiring great distinction as an original investigator, and as a lecturer on medicine we have no superior in our country to Prof. Clark. The College of Physicians and Surgeons of New York is venerable for age, and most respectable for the ability and dignity of its corps of professors.

We find the following notice in the last number of the Medical Examiner. We have the pleasure of knowing Dr. Stillé person-

ally, and heartily indorse every word of the editor in respect to him:

"Medical Department of Pennsylvania College.—We learn, with much pleasure, that the Trustees of this Institution have lately appointed Drs. Alfred Stillé and John Neill to the chairs of Practice of Medicine and Surgery. These selections are eminently judicious, and must greatly strengthen the school. Dr. Stillé is one of the physicians of St. Joseph's Hospital, of this city, and was for many years lecturer on the Practice of Medicine in the Philadelphia Association for Medical Instruction, in both of which positions he has acquired a high reputation as a sound and eloquent teacher. Dr. Stillé is also well known to the profession as a frequent contributor to our medical literature. His work on Pathology is highly esteemed, and his report on Medical Literature, presented some years ago to the American Medical Association, will long be remembered as one of the most brilliant papers ever recorded in its transactions.

"Dr. Neill, we think we may safely say, combines many qualifications for the responsible chair which he has accepted. He was for several years Demonstrator of Anatomy in the University of Pennsylvania, and there established a reputation as one of the best anatomists and lecturers in our country. For some years he has occupied the situation of Surgeon to the Pennsylvania Hospital, and has delivered several courses on Clinical Surgery. From his position in this great school of Surgery, and from his long experience as a lecturer both on Anatomy and Surgery, Dr. Neill's success as a lecturer on the Principles and Practice of Surgery may be confidently predicted."

In the University of Edinburgh, Prof. Forbes, one of the most zealous and eminent naturalists of the age, has been elected to the chair of Natural History, long filled by Prof. Jameson.

Medical Colleges.—In our advertising department will be found the Announcements of quite a number of our Colleges, to which we call the attention of our readers. The facilities of Colleges in the West and South for the purposes of medical instruction, are generally now of such a character as cannot fail to render satisfaction as complete as can be obtained any where.

Trial for Manslaughter—Medical Testimony, &c.—The following case may prove interesting to the profession, as showing, to some extent, the kind of medical testimony upon which criminal prosecutions are sometimes founded.

On the 26th day of July last, Miss E. M. Smith, a beautiful and intelligent young lady, who is engaged in teaching a school in this city, was arrested and brought before Justice Bates, on a charge of manslaughter. Upon the examination it appeared that, upon the 22d day of June, Miss S. had punished a boy (9 or 10 years old) by whipping him with a green switch, about half an inch in diameter at the butt, some two feet long, and tapering off to a point; and that during the whipping, some three or four blows fell upon the head, two of which raised small stripes or welts, which remained for some four or five days. The teacher was represented as having corrected the boy not in an angry or excited manner, but properly and mildly. No unusual effects were observed upon the scholar at the time. He remained until the close of the school, and spelt in his class as usual. In the afternoon he complained of some headache, and on the next day (the 23d) he vomited and bled at the nose. On the 24th he was at school again. At night he complained of some headache and nausea, and was quite restless. On the 25th he took some patent pills, but got no benefit from them. On the 26th he was confined to the bed, and on the 27th Dr. Grafton was called to see him, and continued in attendance until his death, which took place July 7th. This is the substance of the non-professional testimony in the case. For the prosecution, Drs. Grafton, Ball, Lewis and Wood, were called; and for the defense, Drs. Mack, Chittenden, Barrows and Pease. We will give a brief synopsis of the testimony of these gentlemen. Those portions of the testimony of Drs. Grafton and Mack, which are italicised, are to be compared with each other, that their disagreement may be fully noted.

Dr. Grafton sworn.—Was the attending physician in this case. Called first, June 27th. Patient had no high fever at any time. Saw nothing resembling fever. Skin usually of natural temperature; often cool and sweaty. Pulse at no time frequent and strong; towards the last, frequent and feeble. Tongue had a whitish, or light yellow coat. Bowels rather costive. Vomited once or twice after he saw him. A little delirious once or twice when roused to take drink or medicine. This was only momentary. July 2d had

a slight spasm of the arms and legs, which he (Dr. G.) attributed to irritation from operation of physic. No other convulsions at any time. Eyes never suffused or injected. Thought the pupils at one time not so large as they should be, considering the light in the room. Eyes were sensitive to light, and he complained of noise hurting him. Had violent paroxysms of pain in ears and eyes; face would flush, and he would cry out, "Oh my eyes! oh my eyes!" Began to sink into a comatose state on the 5th, and died comatose on the 7th, at 8½, P. M. Conducted the post-mortem. No evidences of external injury. *No passive congestion about the brain. Membranes injected with arterial blood.* Some gelatinous effusion upon the convolutions of the brain. Membranes adherent to the brain at a point on the top of the head, an half inch by two or two and a half inches in size. *Arachnoid thickened at the base of the brain. Adherent to pia mater on the surface of the hemisphere. Six or eight ounces of turbid effusion in the ventricles. Some flocculi of lymph in fourth ventricle. No tubercles in the lungs. Mucous coat of stomach and bowels perfectly healthy. Considered the case one of well-marked inflammation of the membranes of the brain, affecting their entire substance. Symptoms were such as would not be present in any other disease. Pathological appearances unmistakable. The gelatinous effusion could not be produced except by inflammation. Believed the whipping was the exciting cause of the disease; that it must have operated by producing concussion of the brain.* Made up his opinion that the blows were the cause of the disease, *from the absence of all other causes in this case. Thinks he could have detected any other causes if they had been present.*

Dr. Ball sworn.—Has heard the testimony in this case. Has no doubt that the boy died of inflammation of the brain produced by the whipping. Whipping produced concussion on the brain. *Cross-examined*—Been practising some twenty years. Been to California. Is now improving a farm. Preaches some on Sundays. Has no doubt that the blows produced concussion on the brain. Counsel asks—What is concussion of the brain? Witness hesitated a long time, and at last, when the question was repeated, said "they must excuse him, he was so confused he could not tell."

Dr. Lewis sworn.—Was present at the post-mortem examination. Thinks the case was one of inflammation of the brain, or hydrocephalus. Thinks the blows were the *remote* cause of the disease. Congestion of the brain was arterial. *Cross-examined*—Arterial congestion all over the brain. Could not tell in what membranes.

Could not tell what vessels were congested. Afterwards said he could tell, but would not. Is a regular practising physician. No body's business whether he ever graduated or not. Finally, said he had graduated at Fairfield.- Did not receive a diploma. Students often graduate without receiving diplomas. Counsel here inquired if there were not two methods of graduating, one with white and the other with black balls, and if it was not in the latter method that no diplomas were given?

Dr. Wood sworn.—Has heard Dr. Grafton's testimony, and fully concurs with him in his views in relation to this case.

DEFENSE. *Dr. Mack sworn*—Was consulting physician in this case. Had disagreed entirely with Dr. Grafton in their consultations. Considered the case to have been one of bilious remittent fever of a low type. Had advised a gentle tonic plan of treatment. Patient at one time took thirty-five grains of quinine, by his advice, to arrest a chill that was expected in the morning. Thought the patient was decidedly better after taking the quinine. Dr. Grafton refused to continue the tonic and sustaining course of treatment after the quinine was given, but placed the boy upon the use of calomel, morphine, croton oil, digitalis, antimony, wine of colchicum and nitre. He continued this course until the day before the patient's death. Believes these articles were highly injurious, the disease being one of a low grade of action, with at no time any high vascular excitement. Thinks the patient died of passive congestion of the brain, supervening upon a state of debility; that the persistent use of opium, digitalis and tartarized antimony, had directly tended to this result. Was present at the post-mortem examination. Meningeal vessels deeply congested with *dark venous blood.* Slight gelatinous or jelly-like effusion between the convolutions. Considered this the result of the simple congestion alone. *Might be produced by inflammation, but by itself was not positive evidence thereof.* Thought the small spot of adhesion of the dura mater on the top of the brain not recent. Judged by its firmness, and the absence of any effusion or discoloration in its vicinity. There was no plastic or organized lymph, or liquid or concrete pus found at any time during the examination. *There was no abnormal thickening or adhesion of the arachnoid.* This membrane is thicker at the base of the brain, and it is adherent by fine cellular substance to the pia mater over the surface of the hemispheres. Fluid in the ventricles was allowed to escape and run out upon the table, mixing with the blood, *so that it*

was impossible to determine its character or quantity. Saw no flocculi of lymph in the fourth ventricle. The lungs were not examined. Saw nothing at the post-mortem examination, and had heard no testimony during this trial, that would justify him in attributing, in any way, this boy's sickness and death to the whipping he had received. Inflammation of the brain from external injury would occur directly, in one of two ways. Either traumatic inflammation originating at the point of injury and traceable directly thereto, or inflammation ensuing upon the re-action from concussion, frequently originating at a point remote from the seat of violence, and exhibiting upon a post-mortem examination no pathological connection between the external injury and the inflammation which had followed it. In these cases, the fact that the brain had suffered from concussive force, must be shown from the character of the symptoms which followed the infliction of the blows. *In the case now under consideration there were none of the symptoms of concussion of the brain described as having been present at the time of the whipping, and, in fact, the character of the whip used was such as to preclude the possibility of any such effect having been produced.* Even if this case had been (as Dr. Grafton assumes) one of simple acute meningitis, *still no man could honestly and intelligibly testify to the absence of all other causes except the whipping to have produced it,* as there are some causes of this disease which are wholly unknown, and the presence of which, herefore, *even Dr. Grafton himself would not be able to detect.*

Drs. Chittenden, Barrows and Pease, were sworn. Were all present at the post-mortem examination. They coincided with Dr. Mack in his description of the appearances observed, and sustained him in his views in relation to the case.

This closed the defense. The Justice promptly dismissed the complaint, and the citizens presented Miss Smith with a beautiful gold watch and chain as an evidence of their sympathy for her in her unjust and malicious *persecution.—Boston Medical and Surgical Journal.*

Starling Medical College.—Prof. Moore, of Rochester, has been appointed to the chair of Surgery in this Institution, and will remove to Columbus to take up his permanent residence. Dr. Moore is a highly educated and skillful surgeon; has passed through a rich experience, and has all the qualities as a man and a lecturer to make himself deservedly popular wherever he goes.—*Buffalo Medical Journal.*

Cholera.—Immediately wrap the patient in a sheet wrung out of boiling water with a dry blanket over the sheet. The purging is to be checked by appropriate means; if it continue, with vomiting and thirst, large quantities of cold water are not to be allowed; but small quantities of iced water or portions of ice. Afterwards, he may have a teaspoonful of brandy and a half a wine-glassful of soda-water every five or ten minutes; or ten minims of laudanum in soda-water, with or without brandy, as it may suit the stomach. A solution of the nitro-muriatic acid is useful sometimes, given with a little syrup of poppies. (Mr. Barwell, *Monthly Journal, Jan.* 1854, p. 50.)

Mix from ʒ ss. to ʒ j. of the undiluted nitrous acid, according to the severity of the symptoms, in from ʒ iv. to ʒ vj. of some aromatic waters. If there be restlessness and pain, add forty minims of laudanum. A quarter of this mixture to be given every two, three, or four hours according to the urgency of the vomiting and purging. It may be given in a cup of thin gruel, nearly cold. If rejected it may be repeated in ten minutes. No food should be aken for half an hour afterwards. (Mr. R. H. Whiteman, *Assoc. Med. Jour. Dec.* 2, 1853, p. 1063.)

1. The "rice water" vomit and purging require to be energetically subdued by quinine, sulphuric and other acids, creasote, nitrate of silver, and such like remedies. 2. In actual and threatened collapse, external warmth, stimulant embrocations, and those internal stimulants which act on the capillaries, are of signal benefit. 3 In reaction, and during convalescence, local inflammations and congestions require to be guarded against or subdued; and rational means must be adopted to restore the secretions of the liver, kidneys, and skin, but particularly of the two former. 4. Lastly, though not of less importance, the character of the fever should be modified, and a repetition of the paroxysm guarded against, by change of air, or by the administration of quinine, which, in the majority of cases, from the existence of anemia, ought to be conjoined with iron. (Dr. Cormack, *Assoc. Med. Jour. Nov.* 11, 1853, p. 993.)

Dyspepsia, *from Defective Action of Excreting Organs.*—Enjoin a light and simple diet, with water for drink, fresh air and exercise, and medicines that increase the secretions of the liver, kidney, and bowels. Blue pill and black draught do well enough for strong people. In other cases, 15 grains of sesquicarbonate of soda, and as much potassio-tartrate of soda as will act gently on the bowels,

may be given. To relieve the acidity, fifteen grains of the bicarbonate of soda or the bicarbonate of potash may be given two or three times a day, two or three hours after the principal meals. At the same time keeping up a free action of the bowels by blue pill, or colocynth with henbane. If total abstinence is not feasible, the best drink is pale sherry or brandy largely diluted with water. If we have oxalic acid deposit and freedom from red deposit, the best remedy is the nitro-muriatic acid, eight to twenty minims of each twice a day in a glass of water, half an hour before breakfast and half an hour before dinner. If there be a red deposit, however, from lithic acid or lithate of ammonia, give, instead of the mineral acid, the carbonate or the aromatic spirit of ammonia. Sugar in this kind of cases should as much as possible be avoided. (Dr. G. Budd, p. 98.)

Slow and Imperfect Digestion.—We must first give remedies which increase the flow of gastric juice. The diet and habits must be regulated. The stomach must not be oppressed by new bread, tough meat, or malt liquors; and bodily fatigue and nervous exhaustion must be avoided. Half to two grains of ipecacuan; three or four grains of rhubarb, or these with a grain of capsicum in a pill, may be given before dinner. Salt and mustard are also stimulants. Ipecacuan would seem to be the most powerful of any of these. A glass of water and a lump of sugar after a meal will sometimes relieve the uneasiness. The muriatic and nitro-muriatic acid taken half an hour before meals are also useful. Alkalies must not be given, as they weaken the gastric juice. If the food undergoes fermentative changes, and sulphuretted hydrogen is given off, producing belchings like rotten eggs, half a minim of creosote may be given in a pill at the time of meals. If the fermentative change be accompanied by distension and eructation of inodorous gas (carbonic acid,) nitro-muriatic acid and the stimulant dinner pills just named will be useful. If the fermentative change produce lactic acid, then we have every thing taken turning to an acid; in this case we must give alkalies, and before meals bismuth and magnesia, and brace the walls of the stomach with the mineral acids, especially the sulphuric. (Dr. G. Budd, p. 94.)

When the food lies heavy on the stomach, as in people at the turn of life who lead sedentary lives, give small doses of ipecacuanha, from a quarter of a grain to two grains, in the morning, fasting, so as to cause a slight feeling of vermiculating motion of the stomach.

but not to cause nausea, and gradually increase the dose if necessary; one grain may be mixed with two grains of rhubarb, and given just before meals. Small doses of rhubarb, ginger and pepper; one grain of rhubarb, with one grain of cayenne pepper in the form of a pill, also give relief in these cases.

Painful Digestion.—Bismuth is one of the best medicines when pain or cramp accompanies digestion, and where there is no ulceration. It restrains undue secretion, and thus differs from ipecacuanha, which promotes it. It is best given a short time *before* meals, ex. g., ten grains three times a day. Another good medicine in such cases is hydrocyanic acid, which is chiefly useful to relieve pain of the stomach when it is empty of food; combine it with soda. (Dr. G. Budd, p. 105.)

Accompanied with Oxalate of Lime in the Urine.—A solid animal diet with little bread and vegetables, no fruit, very little sugar, or vegetable acid. Give the mineral acids. These do for oxalate of lime what the alkalies do for uric acid deposits. Give each acid separately. Give dilute sulphuric acid when an astringent is wanted, as in colliquative perspiration, menorrhagia, hemoptysis, and diarrhœa: hydrochloric acid when digestion requires assisting. The stomach liberates this acid for the purpose of digestion. Give both this and the dilute sulphuric acid before the meals. Give dilute nitric acid when the secretion requires to be increased; it is the opposite of sulphuric acid in its action. Sulphuric acid, therefore, astringes; hydrochloric promotes digestion; nitric promotes secretion. To prevent these acids acting on the teeth, wash the mouth out with a teaspoonful of aromatic spirit of ammonia in a little water, immediately after taking them. They should all be taken on an empty stomach. (Dr. Bence Jones, *Medical Times*, *May* 6, 1854, p. 454.

Ovarian Cyst cured by the Tincture of Iodine administered internally. By Dr. Ficinus.

Dr. Ficinus is not the first who has attempted to cure ovarian cysts by the tincture of iodine. Such preparations have long been recommended both in England and in France. For some years the employment of the remedy internally, has fallen into oblivion, and iodine has been used for the treatment of ovarian cysts by injection only. The danger inseparable from this latter mode of its employ-

ment, has deterred the general body of practitioners from adopting it. The means pursued by the author are not exposed to the same reproach, and we relate his case, without expressing an opinion as to the prospect of others being found equally satisfactory in other hands. Dr. Ficinus was called, in April, 1853, to a woman aged 21 years, married eight months, and supposed to be enciente. For some days she had experienced severe abdominal pains, such as prevented manual examination of the part. Nevertheless, it was supposed that a distinct fluctuation could be felt over the tumor in the hypogastric region. Upon examination per vaginum, it was ascertained that the neck of the uterus was shortened, as might be the case in the fifth month of utero-gestation. The patient had never felt the movements of the fœtus. This examination, although incomplete, induced Dr. Ficinus to believe in the existence of an ovarian cyst. He ordered infusion of the leaves of digitalis with nitrate of potass; cupping to the abdomen, followed by mercurial and iodine frictions. Under the influence of this treatment, the condition of the patient improved, the fever and pain diminished. A fresh examination confirmed the diagnosis of encysted dropsy of the ovary. He then prescribed 25 drops, repeated thrice a day, of equal parts of tincture of iodine, aconite, and digitalis. Ultimately the dose was increased to 35 drops. About the middle of the month of May, the tincture of aconite was replaced by the tinct. lem. colchici. Improvement went on so rapidly, that, by the middle of the month of July, the patient resumed her usual avocations. The abdomen was much reduced in size, but an indolent tumor of inconsiderable volume was still felt at the inferior part of the left hypogastrium.—*Allegemeine Medic. Centr. Zeit., March* 18, 1854.

Upon the utility of Injections of Iodine into the Cavity of the Peritoneum. By M. Rodolfi.

In order to appreciate this method, which has become popular by some amount of success, and is gradually acquiring more regular conditions of application, M. Rodolfi confines himself to five observations, and these are examples both of failure and of death.

[We have room for only three.]

Observation 1.—A man, aged 48, the subject of ascites for the last two months, had been twice tapped, and been treated by frictions of different kinds without success. Upon the 8th of September, 1852, a third puncture was made, after which the integrity of

the viscera was ascertained. There was then injected about three ounces of distilled water, three drachms of tincture of iodine, and forty grains of iodide of potassium, into the abdomen. The fluid did not return. This was followed by febrile re-action for four days, the pulse beating 115. Severe peritonitis, requiring the repeated application of leeches, ensued; and, although the active treatment subdued the urgent symptoms, the patient suffered from diarrhœa and emaciation. On the 19th the ascites were re-produced. Death ensued on November 5.

Necropsy.—There were twelve ounces of fluid in the peritoneal cavity; chronic peritonitis; enlarged mesenteric glands; the portal vein inflamed, and partially obstructed by false membranes.

Observation 2.—A man, aged 32, became ascitic for ten months in consequence of intermittent fevers. Iodine injections were performed July 27, 1852. A moderate amount of inflammatory action ensued. On the 31st, ascitis was again perceptible.

August 15—A second injection, with the same results. At the end of twenty days there was re-appearance of the fluid, accompanied by rapid emaciation. Death, September 17.

Necropsy.—Abundant serous effusion; hypertrophy of the liver and spleen; chronic peritonitis; numerous points of suppuration in the parietal peritoneum; inflammation of the portal, splenic, and mesenteric veins.

Observation 3.—A man, aged 27, scrofulous, the subject of frequent brochitis and obstinate diarrhœa, had suffered from ascites for three months. For two months he had been treated without success by iodine, mercurials, and diuretics. November 1, the first puncture was made, and iodine injected into the peritoneum. Severe pain over the whole abdomen ensued, and leeches were applied. On the 6th the fluid re-appeared, and became the more abundant as the condition of the abdomen was more natural. Dyspnœa, emaciation and weakness supervened, and he died November 30.

Necropsy.—Twenty pints of serum in the abdomen; arterial injection of the peritoneum; cirrhosis of the mesenteric glands, with several centres of suppuration; a varicose condition of the mesenteric veins.—*Gazetta Medica Lombardia, April* 18, 1854.

Hospital, death of.—The London Hahnemann Hospital has died—*ex necessitate rei*—and its effects sold at auction.—*West. Lancet.*

MEDICAL COLLEGE OF OHIO—SESSION OF 1854-'5.

THE Thirty-fifth annual course of Lectures in this Institution will commence on the 30th day of October, and continue until the last of February.

FACULTY.

SAMUEL G. ARMOR, M. D.,
Professor of Pathology and the Practice of Medicine.

T. O. EDWARDS, M. D.,
Prof. of Materia Medica, Therapeutics, and Medical Jurisprudence.

THOMAS WOOD, M. D.,
Professor of Anatomy.

ASBURY EVANS, M. D.,
Prof. of the Principles and Practice of Surgery and Clinical Surgery.

N. T. MARSHALL, M. D.,
Professor of Obstetrics, and Diseases of Women and Children.

JAMES GRAHAM, M. D.,
Professor of Physiology and Clinical Medicine.

JOHN A. WARDER, M. D.,
Professor of Chemistry and Toxicology.

M. T. CAREY, M. D.,
Demonstrator of Anatomy.

Fee for the whole course, $92; Matriculation, $5; Hospital, $5; Graduation, $25; Demonstrator's Ticket, $8.

Board, $2,50 to $3 per week.

A preliminary course, free to all students, will be delivered during the month of October.

Clinical instruction is given twice a week at the Commercial Hospital.

A Medical and Surgical *Clinique* has also been established in connection with the College, at which cases will be prescribed for, and operations performed in the presence of the class.

Students may rely onabundant and *prompt* supply of *material.*

Letters addressed to the Dean, or any member of the Faculty, will be promptly answered.

T. O. EDWARDS, M. D., *Dean of the Faculty.*

THOS. WOOD, M. D., *Registrar.*

OHIO COLLEGE OF DENTAL SURGERY.

FOURTH ANNUAL ANNOUNCEMENT.

THE regular course of Lectures in this Institution commences on the first Monday of November, and closes on Wednesday succeeding the third Monday of February. The new College edifice will be completed by 1st of October.

FACULTY.

JAMES TAYLOR, M. D., D. D. S.,
Professor of Principles and Practice of Dental Surgery.

THOMAS WOOD, M. D.,
Professor of Anatomy and Physiology.

J. B. SMITH, M. D.,
Professor of Pathology and Therapeutics.

JONATHAN TAFT, D. D. S.,
Professor of Operative Dentistry.

H. R. SMITH, D. D. S.,
Professor of Mechanical Dentistry.

GEORGE M. KELLOGG, M. D.,
Lecturer on Chemistry.

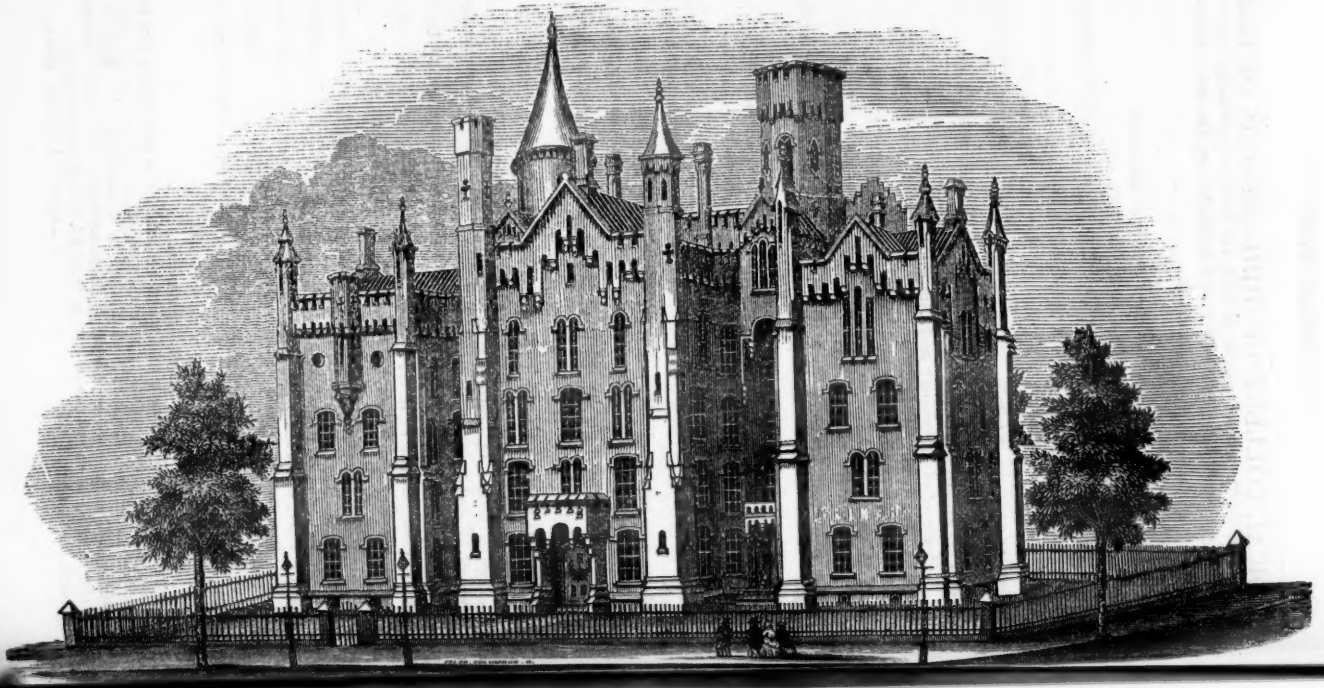
TERMS OF ADMISSION.

Tickets are considered as cash; and when not paid for in advance, a note to the Faculty, with approved security, will be required.

Tickets for the entire course, and admissions to dissections, - $100 00
Matriculation Ticket, - - $5 00 | Diploma Fee, - - 25 00

Good and respectable board can be had at from $2,50 to $3,50 per week.

Cincinnati, September, 1854. JAMES TAYLOR, *Dean.*



STARLING HALL

EMBRACES THE CENTRAL PORTION AND WEST WING of the edifice represented in the opposite engraving, and was originally designed by its founder, the late LYNE STARLING, Esq., for hospital purposes.

The building has been constructed and furnished with special reference to the comfort and convenience of its inmates, and is now open for the treatment of persons afflicted with any and every variety of *chronic diseases*, susceptible of cure or relief, irrespective of age or sex.

SURGERY.—In the department of Surgery, the ablest counsel, and most competent skill that can be procured, will be made available in every critical and important case.

DISEASES OF FEMALES.—A fine suit of private apartments has been supplied with baths of various kinds, and appropriated to the special accommodation of females who resort to this Institution for the treatment of diseases peculiar to their sex.

EYE AND EAR INFIRMARY.—Apartments have been comfortably and neatly furnished for the care and treatment, medical and surgical, of persons afflicted with diseases of the Eye and Ear.

Every department is abundantly supplied with water for bathing, —the cold, warm and tepid, the shower, sitz and douche baths, will always be in readiness for those who need their application.

MRS. LUCY C. PATTERSON will bestow her kind attentions as Matron of this Institution.

Starling Hall will be under the immediate medical and sanitary direction of R. J. PATTERSON, M. D., who will reside in the building and devote all needed time to the care and treatment of the inmates. F. CARTER, M. D., Professor of Obstetrics and Diseases of Women, and S. M. SMITH, M. D., Professor of Theory and Practice of Medicine, will attend as Consulting Physicians.

Physicians, as well as those afflicted, are invited to call and examine the Institution,—its fixtures, and our facilities for the treatment of disease.

All letters addressed to the undersigned, will receive prompt attention.

TERMS—For board, washing, furnished apartments, fuel, lights, nursing, and treatment, the charges will range from $6 to $10 per week.

For Surgical operations, a separate charge will be made.

R. J. PATTERSON.

STARLING HALL, Columbus, O, Aug. 17, 1854.

MEDICAL DEPARTMENT
OF
TRANSYLVANIA UNIVERSITY.

THE Faculty having determined to resume the WINTER SESSIONS of this School, the next course, (the 37th,) will be commenced on the first Monday in November next, and continue four months.

Preliminary Lectures will be given during the month of October.

A College Clinic has been established by the Faculty, in which many Surgical Operations and cases of disease are exhibited to the class.

Fee for the full course, $70; to those who have attended two full courses in other Colleges, $45. Matriculation and Library Ticket, $5; Graduation Fee, $25; Demonstrator's Ticket, $10; all payable in ADVANCE.

Boarding and Lodging, $2 50 to $3 50 per week.

FACULTY OF MEDICINE.

BENJAMIN W. DUDLEY, M. D., Emeritus Professor of Surgery.
ROBERT PETER, M. D., Professor of Chemistry and Pharmacy.
JAMES M. BUSH, M. D., Professor of Anatomy.
WILLIAM S. CHIPLEY, M. D., Professor of the Theory and Practice of Medicine.
JOHN R. ALLEN, M. D., Professor of Materia Medica and Therapeutics.
SAMUEL M. LETCHER, M. D., Professor of Obstetrics and Diseases of Women and Children.
HENRY M. SKILLMAN, M. D., Professor of General and Pathological Anatomy and Physiology.
ETHELBERT L. DUDLEY, M. D., Professor of the Principles and Practice of Surgery.
JAMES M. BRUCE, M. D., Demonstrator of Anatomy.

ROBERT PETER,
Lexington, Ky., Sept., 1854. Dean of Med. Fac. T. U.

THE ANNUAL COURSE OF LECTURES
IN THE
CLEVELAND MEDICAL COLLEGE
WILL COMMENCE ON
WEDNESDAY, THE EIGHTEENTH DAY OF OCTOBER,
AND CONTINUE EIGHTEEN WEEKS.

THE BOARD OF INSTRUCTION remains the same as during previous Lecture Terms, and comprises the following gentlemen:

JOHN DELAMATER, M. D., Professor of General Pathology, Midwifery and Diseases of Women and Children.
JARED P. KIRTLAND, M. D., Professor of Physical Diagnosis and Theory and Practice of Medicine.
HORACE A. ACKLEY, M. D., Professor of Surgery.
J. LANG CASSELS, M. D., Professor of Materia Medica, Pharmacy and Botany.
SAMUEL ST. JOHN, M. D., Professor of Chemistry and Medical Jurisprudence.
JACOB J. DELAMATER, M. D., Professor of Anatomy and Physiology.
PROCTOR THAYER, M. D., Demonstrator of Anatomy.

The fee for entire course of Lectures is $60; Matriculation $5; Graduation, $20.

When desired, a promissory note, payable in twelve months, for $70, and signed jointly with some person of responsibility, (the responsibility of the joint signer to be certified by a Justice of the Peace, and a Judge of the court of the county in which he resides,) will be accepted in place of the money at the time. JOHN DELAMATER, Dean.

Cleveland Medical College, Sept. 1, 1854.

MEDICAL DEPARTMENT OF IOWA UNIVERSITY, KEOKUK, IOWA.

SESSION 1854–'55.

FACULTY OF MEDICINE.

D. L. M'GUGIN, M. D, Professor of Physiology, Pathology and Microscopy.

FREEMAN KNOWLES, M. D., Professor of Theory and Practice of Medicine.

J. C. HUGHES, M. D., Professor of Surgery and Dean of the Faculty.

J. E. SANBORN, M. D., Professor of Chemistry and Materia Medica.

E. R. FORD, M. D., Professor of Obstetrics and Diseases of Women and Children.

E. A. ARNOLD, M. D. Professor of Anatomy.

JESSE BOWEN, M. D., Lecturer on Medical Jurisprudence.

KIRTLY RYLAND, M. D., Demonstrator of Anatomy.

STEPHEN MYERS, Janitor.

Session commences on Wednesday, November 1st, 1854.

Fees for the course, $60; Matriculation, $3; Dissecting Ticket, $5.

The holder of a scholarship issued by order of the Trustees, admitting him to the whole course of one session, upon payment of $15. Graduating Fee, $30.

All letters of inquiry should be addressed to

J. C. HUGHES, M. D.,
Dean of the Faculty.

Sept., 1854.

UNIVERSITY OF MICHIGAN MEDICAL COLLEGE.

FIFTH SESSION, 1854–'55.

THE Annual Course of Lectures will be commenced on the first day of October, 1854, and continue six months.

The Annual Commencement for conferring degrees will be held on the last Thursday of March.

FACULTY.

PRESIDENT, SILAS H. DOUGLASS, M. D.

SECRETARY, ABRAM SAGER, M. D.

ZINA PITCHER, M. D., Emeritus Professor of the Institutes of Medicine and Obstetrics.

ABRAM SAGER, M. D., Professor of Obstetrics and Physiology.

SILAS H. DOUGLASS, M. D., Professor of Chemistry, Pharmacy and Medical Jurisprudence.

MOSES GUNN, M. D., Professor of Surgery.

SAMUEL DENTON, M. D., Professor of Theory and Practice of Medicine and Pathology.

A. B. PALMER, M. D., Professor of Materia Medica, and Diseases of Women and Children.

CORYDON L. FORD, M. D., Professor of Anatomy.

EDMUND ANDREWS, M. D., Professor of Comparative Anatomy, and Demonstrator of Human Anatomy.

Expenses: Instruction gratuitous; Matriculation Fee $10, payable but once, and applied to the benefit of Library and means of illustration.

No Graduation Fee, but a charge of $2 for the purpose of the parchment.

A Fee of $3 will be assessed for the advantage of the Anatomical Laboratory. For further information see Catalogue.

ABRAHAM SAGER, M. D.,
Secretary of Faculty.

ANN ARBOR, Mich., Sept., 1854.

UNIVERSITY OF NASHVILLE,

MEDICAL DEPARTMENT.

The Fourth Annual Course of Lectures in this Institution will commence on Monday the 30th of October next, and continue till the first of the ensuing March.

ROBERT M. PORTER, M. D., General and Special Anatomy.
J. BERRIEN LINDSLEY, M. D., Chemistry and Pharmacy.
C. K. WINSTON, M. D., Materia Medica and Medical Jurisprudence.
A. H. BUCHANAN, M. D., Surgical and Pathological Anatomy.
THOMAS K. JENNINGS, M. D., Institutes of Medicine and Clinical Medicine.
W. K. BOWLING, M. D., Theory and Practice of Medicine.
JOHN M. WATSON, M. D., Obstetrics and the Diseases of Women and Children.
PAUL F. EVE, M. D., Principles and Practice of Surgery.

WILLIAM T. BRIGGS, M. D., Demonstrator of Anatomy.

The Anatomical rooms will be opened for Students on the first of October.

A full *Preliminary course* of Lectures, free to all Students, will be given by the Professors, commencing also on the first Monday of October.

A Clinique has been established, in connection with the University, at which operations are performed and cases prescribed for and lectured upon in presence of the Class.

Arrangements have been made to accommodate all patients requiring surgical operations.

Amount of Fees for Lectures in the University is $105. Matriculating Fee, (paid once only,) $5; Practical Anatomy, $10; Graduating Fee $25.

Excellent board can be obtained for $3 per week. Further information can be obtained by addressing the Dean.

J. B. LINDSLEY, M. D., Dean of the Faculty,
Nashville, Tenn., July, 1854. No. 33, College street.

MIAMI MEDICAL COLLEGE,

CINCINNATI.

SESSION OF 1854–5.

The Third Annual Course of Lectures in this Institution will commence on Monday, the 30th of October, and continue until the 1st of February.

FACULTY.

R. D. MUSSEY, M. D., Professor of Descriptive and Operative Surgery.
J. P. JUDKINS, M. D., Professor of Surgical Anatomy and Surgical Pathology.
CHAS. L. AVERY, M. D., Professor of Anatomy and Clinical Medicine.
JOHN DAVIS, M. D., Adjunct Professor of Anatomy.
JOHN F. WHITE, M. D., Professor of Theory and Practice of Medicine.
GEO. MENDENHALL, M. D., Professor of Obstetrics and the Diseases of Women and Children.
JOHN A. MURPHY, M. D., Professor of Materia Medica and Therapeutics and Medical Jurisprudence.
C. G. COMEGYS, M. D., Professor of the Institutes of Medicine.
H. E. FOOTE, M. D., Professor of Chemistry.
J. T. WEBB, M. D., Demonstrator of Anatomy.

Professors JUDKINS and MURPHY, who have been in Europe for the past year, will return in September next.

The Dissecting rooms will be opened on the first of October, under the care

of the Professors of Anatomy and the Demonstrator. An ample supply of *material* can be relied upon.

Clinical Lectures will be delivered regularly by the Professors of Clinical Medicine and Surgery, at the St. Johns Hospital, and at the College.

The City Dispensary will furnish obstetrical and other cases to advanced members of the Class.

Preliminary Lectures will be delivered during the months of September and October, without extra charge.

The College rooms are ample and convenient.

FEES.—For the course, $92; Matriculation, (paid once only,) $5; Dissecting ticket, $8; Hospital and College Clinical ticket, $5; Diploma, $25.

Good board can be procured from $2 50 to $3 per week.

GEO. MENDENHALL, M. D., Dean, 197 Fourth street.

September, 1854.

STARLING MEDICAL COLLEGE.

The regular session of this Institution will commence on Tuesday the 18th of October, 1854, and continue 16 weeks.

The *preliminary* course begins on Monday, October 16th, and continues two weeks, *Free* to all who may matriculate.

FACULTY.

S. M. SMITH, M. D.
Professor of Theory and Practice, and Dean of the Faculty.

FRANCIS CARTER, M. D.
Professor of Obstetrics and Diseases of women and children.

E. M. MOORE, M. D.
Professor of Surgery.

JOHN DAWSON, M. D.
Professor of General and Special Anatomy and Physiology.

J. W. HAMILTON, M. D.
Professor of Mat. Medica, Therapeutics, and Med. Jurisprudence.

THEO. G. WORMLEY, M. D.
Professor of Chemistry.

W. L. MCMILLEN, M. D.
Demonstrator of Anatomy.

FEES.

LECTURES	$60	Dissecting Ticket	$5
Matriculation	3	Graduation	20

Good Boarding may be obtained for $1 75 to $2 50 per week.

Letters asking for information, answered promptly, if addressed to any member of the Faculty, or to

S. M. SMITH, DEAN.

Columbus, July, 1854.

NEW YORK MEDICAL COLLEGE.

THE next Annual Course of Lectures in the New York Medical College will commence on Wednesday, the 18th day of October, 1854, and continue until the first of March, 1855.

HORACE GREEN, M. D., President of the Faculty, and Professor of the Theory and Practice of Medicine.

EDWIN HAMILTON DAVIS, M. D., Professor of Materia Medica and Therapeutics.

B. FORDYCE BARKER, M. D., Professor of Midwifery and Diseases of Women and Children.

R. OGDEN DOREMUS, M. D., Professor of Chemistry.

J. M. CARNOCHAN, M. D., Professor of the Principles and Operations of Surgery.

EDMUND R. PEASLEE, M. D., Professor of General, Descriptive and Microscopical Anatomy.

EDWARD H. PARKER, M. D., Professor of Physiology and Pathology.

JOEL PARKER, LL. D., Professor of Medical Jurisprudence.

D. S. CONANT, M. D., Demonstrator of Anatomy.

A preliminary course of Lectures will commence on Monday, the 2d day of October, which will be independent of the Regular Course, and will be free to all Medical Students.

The Dissecting Rooms will be open for Classes on the 1st of October.

This College has just received from Europe a most valuable and extensive museum, fully representing external and internal pathology, together with a whole series of microscopic models.

The advantages which New York offers for clinical study far surpass those of any other city. The students of this college can have access to the New York Hospital, Bellevue Hospital, and Emigrant's Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the city A Surgical, a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

FEES:

Matriculation $5 ; Demonstrator's Ticket $5]; The full course $105 ; For the final examination $30.

Students upon arriving in the city should at once call upon the Janitor at the College, who will furnish them with a list of respectable boarding houses.

R. OGDEN DOREMUS,
Dean of the Faculty.

Sept. 1854—3m.

R. P. LITTLE, M. D.,
APOTHECARY AND DRUGGIST,
COLUMBUS, OHIO.

Successor to Drs. Denig & Harry.

WILL wholesale and retail Medicines, Chemicals, Drugs, Surgical and Dental Instruments, Paints, &c., &c., at exceedingly low prices. His assortment includes every article usually kept by Druggists ; as he is daily receiving his stock, he can present many inducements to physicians and druggists in this and adjoining towns, if they will only favor him with a call.

Having enjoyed many years' experience in compounding medicine, he will promptly and very carefully fill Physicians' prescriptions, and to this branch of business he will give special attention, as he regards it of the highest importance. None but the best medicines will be used for this purpose, and he will strictly observe chemical principles in their combination. As he purposes devoting his time entirely to the occupation of a druggist, he solicits the patronage of medical men and the public generally. [Jan. 1853.

UNIVERSITY OF LOUISVILLE,

MEDICAL DEPARTMENT.

The Eighteenth Annual Course of Lectures in this Department, will commence on the 30th of October next, and terminate on the last of February, under the following arrangement:

BENJAMIN R. PALMER, M. D., Professor of Descriptive and Surgical Anatomy.

LUNSFORD P. YANDELL, M. D., Professor of Physiology and Pathological Anatomy.

SAMUEL D. GROSS, M. D., Professor of the Principles and Practice of Surgery.

HENRY MILLER, M. D., Professor of Obstetric Medicine.

LEWIS ROGERS, M. D., Professor of Materia Medica and Therapeutics.

J. LAWRENCE SMITH, M. D., Professor of Medical Chemistry and Toxicology.

T. G. RICHARDSON, M. D., Demonstrator of Anatomy and Dissector Pathological Anatomy.

The fee for admittance to the Lectures of each Professor, is $15, ($105 in all,) payable invariably in advance. Matriculation and Library fee together, $5. Graduation fee, $25. Practical Anatomy and Dissection, $10 — ticket to be taken at least once before graduation. Rooms open from 1st October.

A preliminary course of Lectures will be delivered, without additional charge, during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital. Ticket $5, to be taken once before graduation.

A Clinique has been established in connection with the University, at which cases are examined, prescribed for and lectured upon in presence of the Class.

Good boarding can be procured at $3 a week.

L. P. YANDELL, M. D., Dean of the Faculty.

June 14th, 1854.

SURGICAL INSTRUMENTS,

BY K. KLOTT.

OPPOSITE THE UNITED STATES HOTEL,

COLUMBUS, OHIO.

Mr. KLOTT, who has been for a long time in the employment of Geo. Tieman, of New York, has opened a new establishment for the manufacture and sale of all kinds of Surgical and Dental Instruments of the finest quality, which he proposes to sell on the most reasonable terms.

He keeps constantly on hand a great variety of instruments, which he invites physicians, surgeons and dentists to call and examine before purchasing elsewhere. He hopes, and is determined to furnish the western profession with as good a quality of instruments as can be found in our largest cities.

☞ Orders from abroad promptly attended to.

From an acquaintance with Mr. Klott, and an examination of his instruments, I feel fully justified, and indeed I take pleasure, in recommending them in the highest terms. I have had ample opportunities to test the instruments of many of the most celebrated manufacturers of the world, and I have no hesitation in saying that for beauty of finish and fineness of steel and temper, they are not excelled by any I have ever seen. They are equal to Tieman's or Schively's best.

R. L. HOWARD.

SIXTH ANNOUNCEMENT.

OF THE

CINCINNATI COLLEGE OF MEDICINE & SURGERY.

THE regular course of Lectures of the Sixth Session, will commence on Monday, the 30th of October, 1854, and continue sixteen weeks.

FACULTY.

A. P. BAKER, M. D.,
Professor of the Principles and Practice of Surgery and Clinical Surgery.

B. S. LAWSON, M. D.,
Professor of the Theory and Practice of Medicine, and Clinical Medicine.

WILLIAM W. DAWSON, M. D.,
Professor of General and Special Anatomy, and Physiology.

CHARLES W. WRIGHT, M. D.,
Professor of Medical Chemistry and Toxicology.

PLINY M. CRUME, M. D.,
Professor of Obstetrics and Diseases of Women and Children.

JAMES S. HARRISON,
Professor of Materia Medica, Therapeutics and Medical Jurisprudence.

The Anatomical rooms will be open early in October; and prompt attention given to that department by the Demonstrator.

A preliminary course of Lectures will commence on the first Monday of October and continue through the month. This course will be free from charge —all students will be welcomed to it.

By an arrangement with the U. S. Government, the MARINE HOSPITAL has been attached to this College, thereby affording facilities for Clinical instruction not surpassed by any other Institution.*

FEES.

Professor's Tickets	$90 00
Matriculation Ticket	5 00
Hospital Ticket	5 00
Graduation Fee	25 00
Demonstrator's Ticket	10 00

Students may take one or more of the Tickets, as may suit their convenience. The Dissecting and Hospital Tickets are optional with those who are not candidates for graduation.

BOARDING, &c.

Good Boarding, including fuel and lights, can be obtained at from two to three dollars per week.

Students, by calling at the College Building, corner of Western Row and Longworth streets, on their arrival, will be conducted to places of boarding, and furnished with all necessary information.

For further particulars, address, by letter or otherwise, the President or Registrar.

A. H. BAKER, M. D., President,
Residence 316, West Sixth street.
B. S. LAWSON, M. D., Registrar,
333, West Sixth street.

* The Clinical advantages of this Institution, by the permanent connection with it of the Marine Hospital, Invalid's Retreat, and City Dispensary, are certainly seldom equaled.